

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS®



EMERGENCY MEDICAL TECHNICIAN

PSYCHOMOTOR EXAMINATION USER GUIDE

August 16, 2017

Contents	
Welcome	1
Utah’s Process for Psychomotor Testing of the EMT for State Licensure/Certification	3
Examination Coordinator Responsibilities.....	4
Requesting to Host the Psychomotor Examination	5
Equipment.....	5
Facilities for the Psychomotor Examination	5
Medical Director	6
EMT Assistants	6
Selection of Simulated Patients	7
Budget.....	7
Running an Efficient Psychomotor Examination.....	7
General Responsibilities.....	11
EMT Psychomotor Examination Skills	12
EMT Psychomotor Examination Results	14
Psychomotor Examination Accommodations.....	16
Skill Examiner Orientation to the Psychomotor Examination	16
Candidate Orientation to the Psychomotor Examination	19
Late Arrivals	23
Interruption of the Psychomotor Examination.....	23
Use of Prohibited Materials	23
Candidates Suspected of Dishonest Action	24
Irregular Behavior	24
Dismissal from the Psychomotor Examination	25
Reporting Psychomotor Examination Results.....	25
Same-Day Retest Considerations.....	26
Same Day Retest Roster.....	28
Completion of the Psychomotor Examination.....	28
Skill Examiner Responsibilities	29
Skill Examiner Qualifications.....	30
Patient Assessment/Management – Trauma	31
Patient Assessment/Management – Medical.....	31
BVM Ventilation of an Apneic Adult Patient and Oxygen Administration by Non- rebreather Mask	31
Cardiac Arrest Management/AED.....	31
Spinal Immobilization (Supine Patient) and Random EMT Skills	31

ESSAYS TO SKILL EXAMINERS	33
Patient Assessment/Management – Trauma Essay to Skill Examiners	34
Information for the Simulated Patient.....	37
Patient Assessment/Management – Medical Essay to Skill Examiners.....	40
Equipment List	44
Bag-Valve-Mask Ventilation of an Apneic Adult Patient And	46
Oxygen Administration by Non-rebreather Mask Essays to Skill Examiners	46
Oxygen Administration by Non-rebreather Mask	48
Equipment List	48
Cardiac Arrest Management/AED Essay to Skill Examiners.....	52
Equipment List	53
Spinal Immobilization (Supine Patient) and Random EMT Skills Essay to Skill Examiners	55
Spinal Immobilization (Supine Patient) Essay to Skill Examiners.....	56
Equipment List	57
Spinal Immobilization (Seated Patient) Essay to Skill Examiners.....	57
Equipment List	59
Bleeding Control/Shock Management Essay to Skill Examiners.....	59
Equipment List	60
Long Bone Immobilization Essay to Skill Examiners	61
Equipment List	61
Joint Immobilization Essay to Skill Examiners.....	61
Equipment List	62
Psychomotor Skills Exam Roster	65
Skills Tally Sheet	66
CANDIDATE’S STATEMENT	67
RECOMMENDED PASS/FAIL CRITERIA FOR EMT PSYCHOMOTOR EXAMINATION	68

Welcome

Dear Examination Coordinator/Course Coordinator:

Thank you for your interest in hosting an Emergency Medical Technician (EMT) psychomotor examination. We are pleased to provide you with this copy of the NREMT's Emergency Medical Technician Psychomotor Examination User Guide. This comprehensive manual details the suggested aspects of coordinating an EMT psychomotor examination and is designed to assist you in planning for all related aspects of the examination. Additional information concerning national EMS certification for EMTs is located at <http://www.nremt.org>.

The following information reflects years of experience in examination administration. The quality of the examination process is due in part to feedback we have received from examination coordinators, such as you, in the past. As a result of our continuing efforts to improve the examination process and keep it current with out-of-hospital medical care, we proudly present this suggested EMT psychomotor examination as implemented effective November 2011. This material consists of skills presented in a scenario-type format to approximate the abilities of the Nationally Registered EMT to function in the out- of-hospital setting. All skills have been developed in accordance with the 2009 National EMS Education Standards and Instructional Guidelines for the Emergency Medical Technician; the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current American Heart Association guidelines for Basic Life Support for Healthcare Providers (BLS) which are updated as necessary. The suggested process outlined is a formal verification of the candidate's "hands-on" abilities and knowledge, rather than a teaching, coaching, or remedial training session. The NREMT strongly advises that specific errors in any performance not be explained or discussed as this is not a responsibility or function of any certification process. A candidate's attendance at a scheduled examination does not automatically guarantee eligibility for National EMS Certification or state licensure. Candidates should also be warned that they assume all risks and consequences of testing inappropriate skills if testing at a site where their name was not read as part of the official examination roster.

This manual describes all suggested aspects related to coordinating an EMT psychomotor examination. As an examination coordinator, you assume many responsibilities that are vital to the success of the psychomotor examination process. The quality of your experience with this certification process is directly dependent upon your thorough familiarization with all of the material contained herein. We are committed to assist you to help ensure that all candidates who attend your examination site are tested in a fair, consistent, objective, and impartial manner in accordance with all suggested policies and procedures of the National Registry of Emergency Medical Technicians® (NREMT) outlined in this manual. Please contact us immediately if we can clarify or answer any questions concerning this process. The NREMT has copyrighted this material. Only non-commercial reproduction of this material for educational purposes or the advancement of medical science is permitted. All other unauthorized reproductions of this material for any reason whatsoever are subject to penalties in accordance with all copyright laws of the United States of America. We encourage you to distribute copies of all skill evaluation instruments (available at <http://www.nremt.org>) to the students prior to the examination so they may become familiar with the examination expectations well in advance of the actual examination. Likewise, we suggest that you forward a copy of the skill evaluation instrument and essay (included in this document) to the appropriate skill examiner one (1) week prior to the examination to give him/her ample time for familiarization prior to the examination. In closing, please keep in mind that this material serves only as a guide to facilitate coordination and administration of the Emergency

Medical Technician psychomotor examination. State EMS officials may choose to alter the format and design of these materials in order to meet local requirements for state licensure. We encourage you to adhere to any mandated state requirements for administration and coordination of EMT psychomotor examinations. The NREMT will continue to recognize results from state-approved EMT psychomotor examinations, provided they appropriately measure and validate equivalent EMT competencies contained herein.

Thank you again for your interest in hosting an EMT psychomotor examination. We trust that you will find this resource document beneficial and sincerely hope that your psychomotor examination is a successful endeavor for all involved.

Sincerely,

Rob Wagoner, Associate Director

This document reflects similar documents for other levels of certification by the National Registry of EMTs.

Utah's Process for Psychomotor Testing of the EMT for State Licensure/Certification

As noted in Rob Wagoner's letter, "State EMS officials may choose to alter the format and design of these materials in order to meet local requirements for state licensure." As a result, the Utah Bureau of EMS and Preparedness (BEMSP) has chosen to modify EMT psychomotor testing slightly. The *National Registry of EMT's 5 September 2016 NREMT Emergency Medical Technician Users Guide* may be used as a guide to testing with a couple of noted differences. In Utah, the course coordinator, who is certified by the state, is expected to act as the state's agent in insuring that this testing is a formal verification procedure and that it is a fair and accurate observation and documentation of the various performances demonstrating competency of the entry level EMT.

Skill examiners will be state-certified EMS instructors licensed to perform the skills they will be evaluating. Acting as agents of the state through their certification, they will provide professional, nonbiased evaluation of the candidate's skills. All performances must be reported with the greatest degree of objectivity possible.

For the purpose of this guide and in variance to the NREMT guide the titles "course coordinator" and "examination coordinator" will be used synonymously. As far as the testing process is concerned the responsibilities are the same and there is no distinction between the two titles. The course coordinator is the examination coordinator.

Using this user's guide as a standard, psychomotor testing will follow the NREMT model with the exception that the testing is a final psychomotor skills evaluation under the direction of the state-certified course coordinator rather than a state official. The most current NREMT skills sheets are to be used as skills evaluation interments and the associated essays for each skill are to be followed as an accurate reference for consistency. Evaluation outcome of candidates is to be documented on the appropriate tally sheet forms provided by the state and shall be used to report results to the state for pass/fail and retests confirmation. The course coordinator will submit results of each candidate's psychomotor test results on the tally sheet and will submit them to the state as part of the Student Recommendation Letter package. All exam records will be kept by the course-sponsoring entity for seven years as outlined in administrative rules and will be open for audit and inspection by the Utah Department of Health.

Each candidate shall be evaluated on all of the NREMT psychomotor skill for the EMT level, including:

1. Patient Assessment/Management – Trauma
2. Patient Assessment/Management – Medical
3. Bag-Valve-Mask Ventilation of an Apneic Adult Patient
4. Oxygen Administration by Non-rebreather Mask
5. Cardiac Arrest Management/AED
6. Spinal Immobilization (Supine Patient)
7. One Random EMT Skill
 - a. Spinal Immobilization (Seated Patient)
 - b. Bleeding Control/Shock Management
 - c. Long Bone Immobilization
 - d. Joint Immobilization
 - e. Patient assisted Medication (Utah form)

This will be done as part of the student psychomotor examination at the end of the course, not to be confused with skills pass-off throughout the course. There will be a designated "test day" or days when the student/candidate will complete a formal testing process. This is another variation in Utah. The

formal exam can be done over a few days and does not have to be completed in one day. The candidate will be required to successfully demonstrate competency in all six skill stations and one random skill station selected by the examination coordinator.

These skills evaluations are not the same as skills pass-off the students must demonstrate during the course but are to be a formal testing of the skills by a skills examiner in a testing environment. The results are to be tabulated on the skills tally sheet with successive attempts documented there.

Examination Coordinator Responsibilities

The course coordinator is the examination coordinator and is responsible for the overall planning, staffing, implementation, quality control, and validation of the psychomotor examination process. The examination coordinator is responsible for the following upon approval by the state:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The examination coordinator must help ensure that each skill examiner conducts him/her in a similar manner throughout the examination.
- Coordinating the examination to oversee administration of the psychomotor examination.
- Maintaining a reservation list of candidates who will be attending the psychomotor examination. The reservation list must include name, call-back phone number, and portion(s) of the examination that each candidate needs to complete. This will help the examination coordinator to appropriately plan, staff, and set-up the facilities to help assure a smooth examination. If the examination is postponed or canceled, the examination coordinator is responsible for the immediate notification of all candidates, skill examiners, simulated patients and the state EMS office.
- Assuring that the state EMS office receives notification of scheduled examinations.
- Ensuring that the facilities for the psychomotor examinations meet the NREMT and state acceptable educational standards.
- Selecting qualified skill examiners. At a minimum, each examiner must be a Utah-certified EMS instructor and licensed to perform the skill that he/she will evaluate.
- Selecting appropriate individuals of average adult height and weight to serve as simulated patients. Simulated patients must be adults or adolescents who are older than sixteen (16) years of age. Candidates who are registered to take the examination may not serve as patients or assistants for any skill. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) may be used as the simulated patient.
- Obtaining clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
- Overseeing the timely flow of all candidates through the skills.
- Ensuring that excessive "hall talk" between candidates or discussing specific examination scenarios or material does not occur throughout the examination.
- Collect and insure all test skill sheets are completed by skills examiners, scores are calculated and all negative marks are accompanied by appropriate written explanations.
- Document scores from skill sheets onto individual Tally Sheets (see page 67-68).
- Informing candidates individually (maintaining confidentiality) of their pass/fail status and explaining the retest process if needed.
- Submit copies of tally sheets to BEMSP. This is how the candidate's psychomotor exam results are recorded with BEMSP and the NREMT.

Requesting to Host the Psychomotor Examination

A request to host the EMT psychomotor examination must be communicated with the state EMS office. This request should be part of the course request and includes information concerning when testing shall take place. The state EMS office shall be notified of any date changes of the final assessment and skills examination. It must be received from an approved requesting agency or institution within the specified timelines.

Equipment

The examination coordinator is responsible for obtaining and setting-up the various skills. If it is not possible to set-up all the skills the day before the psychomotor examination, the examination coordinator must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed. Additionally, each skill examiner will need a watch with a second hand, a pen, a copy of the appropriate "Essay to Skills Examiner," and a supply of skill evaluation forms to document each candidate's performance. A sufficient supply of the EMT Psychomotor Report Forms (tally sheets) will also need to be available so that each candidate's results may be tabulated and reported.

Facilities for the Psychomotor Examination

The examination coordinator is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination should provide:

1. Adequate space to offer a minimum of 100 square feet for each of the skills. Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skills should not disturb other candidates who are testing.
2. A comfortable testing environment free of undue noise and distraction.
3. Ample gathering space for candidates during the candidate orientation for the psychomotor examination.
4. Adequate and effective heating, cooling, ventilation, and lighting.
5. A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open.
6. Adequate restroom facilities, a drinking fountain, and adequate parking with reasonable access to the examination site.
7. Adequate space for the skill examiner's orientation to the psychomotor examination, including any simulated patients. This space should visually and audibly prohibit observation by the candidates.
8. Adequate security of all examination materials during the examination.
9. Skills should be appropriately posted or marked.
10. A table and chair in each room for skill examiners. The examination coordinator may also want to provide each skill examiner with a clipboard and a pen to assist with documenting all performances. Each skill examiner should also have a copy of the appropriate essay and a sufficient supply of skill evaluation forms on which to document all performances.
11. A secure room adjacent to the skills with one (or several) large tables that will facilitate tabulation and reporting of the psychomotor examination results.

EMT SKILLS	Skills Examiners	EMT Assistants	Simulated Patients	Average # of Candidates Evaluated per Hour	
1. Patient Assessment/Management – Trauma	1		1	4	
2. Patient Assessment/Management – Medical	1		1	3 to 4	
3. BVM Ventilation of an Apneic Adult Patient	1				4 to 5
4. Oxygen Administration by Non-rebreather Mask					
5. Cardiac Arrest Management/AED	1			4	
6. Spinal Immobilization (Supine Patient)	1			1	1
7. Random EMT Skills	1	1	1	4 to 5	

Total Staff			Overall Flow
6	2	4	4 per Hour

Medical Director

At a minimum, the medical director for the examination must be available by phone or pager throughout the examination. If the program medical director is not available on the day of the examination, the examination coordinator must obtain a substitute medical director who will, at least, be available by phone or pager throughout the examination.

The NREMT and Utah BEMSP encourage medical director involvement with the NREMT psychomotor examination process. The physician may serve as an excellent resource throughout the examination. Most medical directors are qualified to serve as skill examiners for any skill. His/her involvement increases the credibility of the certification process as well as providing an opportunity to observe the abilities of those who may soon be functioning under his/her medical oversight. The medical director, along with the course coordinator, must sign the letter of recommendation and this is an opportunity for him/her to observe the candidates he/she is recommending as competent EMTs.

EMT Assistants

Two (2) people must be selected to serve as the EMT assistant for the Spinal Immobilization (Supine Patient) and Random EMT skills. These selected individuals must be licensed EMTs (at a minimum) and will serve as the trained “partners” for all candidates testing. EMT Candidates may not be used as EMT assistants for the psychomotor examination (they are not licensed EMTs). If you combine the Spinal Immobilization (Supine Patient) and Random EMT skills into one skill to reduce the number of staff, the flow of the exam may be significantly reduced.

Selection of Simulated Patients

Four (4) people should be selected to serve as simulated patients for the psychomotor examination. One person will be assigned to the Patient Assessment/Management – Trauma skill; the second will be assigned to the Patient Assessment/Management – Medical skill; the third will be assigned to the Spinal Immobilization (Supine Patient) skill; and the fourth will serve as the patient for the Random EMT skill. If any of these skills are duplicated, you will need one (1) additional simulated patient for each additional skill. A high fidelity simulation manikin capable of responding as a real patient, given the approved scenario(s), may be used as the simulated patient in the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills.

All simulated patients should be EMS-related personnel and we suggest using certified EMS professionals (EMR or higher) at a minimum for all simulated patients. If the patient is familiar with EMS procedures, he/she can assist the skill examiner when reviewing the candidate's performance and can verify completion of a procedure or treatment. The simulated patient should also be familiar with the typical presentation of symptoms the usual patient would complain given the testing scenario utilized. The simulated patient should be capable of being programmed to effectively act out the role of a real patient in a similar out-of-hospital situation, such as simulating sonorous respirations, withdrawing to painful stimuli, moaning to palpation over injuries, and so on. Keep in mind that the more realistic the simulated patient presents, the fairer the evaluation process.

All simulated patients should be adults or adolescents who are older than sixteen (16) years of age. All simulated patients should also be of average adult height and weight. Small children may not serve as patients in any skill. The equipment provided for the skills should appropriately fit the respective simulated patient. In the Patient Assessment/Management – Trauma skills, the simulated patients should be instructed to wear appropriate undergarments (shorts or swimsuit) and cut-away clothing should be provided. If prepared cut-away clothing is not available (Velcro® sewn into the seams of pants and shirt), one set of clothing should be cut along the seams and taped closed for each candidate. It is not necessary to have enough clothing for each candidate to actually cut away a fresh set of clothes.

Please be aware of simulated patient fatigue throughout the examination. If large numbers of candidates are anticipated, you may also want to consider securing additional simulated patients for the examination even if skills have not been duplicated. For the comfort of the simulated patient a mat may be used on hard floors. Also be aware temperatures on the floor are not the same as in the room. Provide the simulated patient a blanket between candidates testing.

Budget

The funds required to conduct a psychomotor examination will vary. The exact cost will depend on the availability of volunteers to staff the examination and the degree of other community support, such as donations of facilities, supplies, etc. To help control costs, you may want to consider borrowing equipment from local EMS agencies, medical facilities, local equipment suppliers, manufacturer representatives, and so on.

Note: *The Bureau of EMSP no longer warehouses or rents manikins or equipment.* It is recommended that the course charge the students an exam fee since the BEMSP no longer does.

Running an Efficient Psychomotor Examination

The psychomotor examination consists of seven skills. Each skill is designed to approximate the out-of-hospital setting by presenting realistic situations that the EMT can expect to see. Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

The following is a list of the skills to be completed and the maximum time limits permissible for each skill:

SKILL	MAXIMUM TIME LIMIT
Patient Assessment/Management – Trauma	10 minutes
Patient Assessment/Management – Medical	15 minutes
Bag-Valve-Mask Ventilation of an Apneic Adult Patient	5 minutes
Oxygen Administration by Non-rebreather Mask	5 minutes
Cardiac Arrest Management/AED	10 minutes
Spinal Immobilization (Supine Patient)	10 minutes
Random EMT Skills	Ranges from 5 – 10 minutes

The examination coordinator is responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates. It is best to schedule the skill examiner's orientation (including all simulated patients) one-half (½) to one (1) hour before scheduling candidates to arrive at the examination site. This should allow ample opportunity for orientation of all examiners; time for each examiner to thoroughly read the specific skill essay, instructions, and review the specific skill evaluation form; briefing and moulaging the simulated patients; checking all equipment for the examination; and time for the examination coordinator to individually address any areas in question before actual evaluation of any candidate begins. If this is the first EMT psychomotor examination you have coordinated, we strongly advise permitting one (1) full hour for the skill examiner's orientation before requiring candidates to arrive at the examination site. After the skill examiners have been oriented, the examination coordinator should meet with all candidates registered for the examination and provide the candidates with an orientation to the psychomotor examination. All candidates should complete any additional required paperwork before beginning the examination. The candidate orientation process to the psychomotor examination should take approximately twenty (20) to thirty (30) minutes.

At this point, actual evaluation of the candidates can begin. We have found that a grid and pass card (hall pass) system is perhaps the easiest and most effective method of controlling the timely flow of all candidates through the skills. This system helps minimize excessive noise which may affect skill performances, requires all candidates to assemble in one waiting area between skills, controls the candidates from discussing specific examination-related information, and provides the examination coordinator with immediate feedback on the progress of the examination at any time. The examination coordinator will be visiting all skills as the psychomotor examination begins to ensure fairness, consistency, and adherence to all requirements for the examinations. The examination coordinator will observe the interaction between all skill examiners and candidates during actual evaluation to help ensure the evaluations are in accordance with the examination criteria. The examination coordinator or his/her designee should ensure that candidates do not discuss specific examination information throughout the examination. The examination coordinator or his/her designee is responsible for reporting any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or inequality among the candidates. This should be communicated immediately to the examination coordinator.

Candidates may understand the flow through the psychomotor examination better if it is explained that the psychomotor examination will be conducted like a mass casualty incident exercise. There is a staging area in which all candidates should wait. A single staging officer is responsible for directing all candidates to treat various patients. Each skill that is set-up that day should have a pass card (hall pass) assigned to it. The card should identify the name of the skill and location (room number). The candidate is dispatched and handed a pass card (hall pass) to permit him/her to test that skill. As soon as the patient is treated, the candidate should report back to the staging area, turn in the pass card, and wait to be dispatched before reporting to the next skill. By using a completed copy of the examination reservation list, the staging officer can check-off and keep a running tally of skills completed by each candidate. Several break cards should also be available to control the number of candidates on break at any given time. Copies of the skill instructions and evaluation forms are provided in this manual and can be posted in the waiting area for the candidates to review before reporting to the skill, provided this is also acceptable to those who are administering the psychomotor examination.

The examination coordinator's primary responsibility in administration of the psychomotor examination is to ensure that all candidates complete the examination in the same standardized format in accordance with approved policy and procedure.

The examination coordinator should initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to the approved examination criteria. As the examination coordinator enters each skill, he/she should pay attention to the set-up of the skill, equipment, moulage, and the actions of the skill examiner and simulated patient. In particular, he/she will note the following:

- Would the testing environment be comfortable for you if you were testing?
- Is there any unnecessary noise or distraction that may affect a candidate's performance?
- If more than one skill is being tested in a single room, is the room too noisy or could a candidate's entrance to or exit from the room possibly affect another's performance?
- Is all the required equipment available and functioning properly?
- Is the required simulated patient present in the skill?
- Does the moulage realistically approximate a real patient's injuries given the scenario?
- Has anything been altered from the normal manner in which the skill is to be performed?
- Is the skill examiner reading the "Instructions to the Psychomotor Skills Candidate" and scenario information exactly as printed in the materials you provided?
- Are the skill examiner's verbal and non-verbal communication appropriate for a certification examination?
- Are candidates able to observe any scenario information or documentation the skill examiner is making?
- Is the skill examiner appropriately maintaining security of all examination materials?
- Is the skill examiner keeping track of time and enforcing all time limits?
- Are all personnel involved with administration of the psychomotor examination acting in a courteous, professional, non-discriminatory, and non-threatening manner?

The examination coordinator should observe each skill examiner during an actual evaluation of a candidate to detect errors in the skill examiner's "objectivity" while observing and recording the candidate's performance in accordance with approved examination criteria. If any errors are detected, the examination coordinator should thoroughly brief the skill examiner concerning what constitutes "objectivity." The examination coordinator should continue observing the skill examiner to ensure that

the problem has been corrected. The examination coordinator should ensure that all skill examiners are conducting their skills in accordance with approved policy and procedure before the results can be scored and same-day retests are offered.

The examination coordinator should critically review all skill evaluation forms the skill examiner has completed up to that point. The examination coordinator should pay close attention to:

- Any areas on the form that the skill examiner left blank.
- Skill examiner comments that do not support the points awarded or deducted.
- If there are areas of confusion or contradiction or any errors or omissions, the examination coordinator should discuss these findings with the skill examiner for explanation, clarification, and correction. If it is determined that the skill examiner made any errors in scoring, the skill examiner should make any necessary corrections to the evaluation form and initial any changes he/she makes. The examination coordinator should observe him/her for the next evaluation until the situation has been corrected before moving on to check the next skill. Reviewing the completed documentation will help provide many clues to any difficulty the skill examiner may be experiencing. Therefore, it is best to leave all completed skill evaluation forms in the room until the examination coordinator has a chance to visit every skill examiner and review his/her documentation and conduct.

The “Essay to the Skill Examiners” was developed to work in conjunction with the skill evaluation form. The examination coordinator should observe the skill examiner and review all documentation. Does it appear as though the skill examiner has read the essay? Oftentimes confusing documentation and alterations in the delivery of the skill is the direct result of not thoroughly reading the essay. The examination coordinator should also make sure that the skill examiner’s documentation, points awarded, and “Critical Criteria” support rather than contradict each other. There are hundreds of harmful actions that could occur which relate to relatively few “Critical Criteria” statements. Has the skills examiner deducted any points that may relate to potentially harmful care but not checked and documented the related “Critical Criteria” statement? If so, the examination coordinator should ask the skills examination coordinator to provide clarification and direct the coordinator to make any necessary corrections to the skill evaluation form.

Most questions that may arise in any skill and the usual areas of confusion are addressed in the “Essay to the Skill Examiners” for that particular skill. The essays were developed to work in conjunction with the skill evaluation forms. The better the skill examiner knows the information in the essay, the better he/she will be prepared to answer questions and provide clarification. As a general rule, the answer to the vast majority of questions that arise during the psychomotor skill can be found in the respective essay.

Only after the examination coordinator has checked every skill and is satisfied that the examination is progressing in accordance with NREMT and state-approved criteria should he/she consider scoring the results and tabulating retest needs. At this point, a trustworthy person should be assigned to periodically collect all completed skill evaluation forms and return them to the examination coordinator in a private grading room for scoring. This “runner” should be advised of the need to maintain strict security of all results. The “runner” is not permitted to discuss any specific results, scores, or documentation with anyone. It is best to inform the examination coordinator that results are now being scored and require that any skill examiner with a question come to the examination coordinator for clarification.

General Responsibilities

The examination coordinator is responsible for the following to help ensure the examination flows smoothly:

- The examination coordinator, skill examiners, and all other staff must conduct all aspects of the examination in a courteous and professional manner at all times.
- The examination coordinator is responsible for showing up promptly and beginning the examination at the scheduled time without causing delay.
- The examination coordinator must ensure that all candidates complete the psychomotor examination in the same standardized format. Administration of any part of the examination in any manner different than other candidates constitutes an examination accommodation. All basic level examinations are administered by the examination coordinator. Candidates need to contact the state EMS office for information about requesting accommodations. You are not authorized to make any determination for accommodations at the examination site. You must notify the state EMS office immediately if any such requests are received at the examination site.
- The examination coordinator must politely and attentively deal with each candidate's concerns throughout the examination. The examination coordinator must also ensure that the examination coordinator and skill examiners conduct themselves in a similar manner.
- The examination coordinator must inspect all facilities for the psychomotor examination to ensure their adequacy. All facilities must be in compliance with those outlined under the "Facilities for the Psychomotor Examination" section of this manual (see p. 13).
- The examination coordinator is responsible for controlling and overseeing administration of the psychomotor examination.
- The examination coordinator is responsible for appropriately dealing with cases of dishonesty or any other irregular occurrences during administration of the psychomotor examinations.
- The examination coordinator is responsible for calling the roll of all registered candidates for the psychomotor examinations and appropriately recording the candidate's attendance on the official roster accordingly.
- The examination coordinator is responsible for overseeing and controlling all related aspects of psychomotor examination administration.
- The examination coordinator is responsible for orienting all candidates to the psychomotor examination by reading all printed instructions (see p. 31).
- The examination coordinator is responsible for assuring the identities of all candidates for the psychomotor examination with an official form of photo identification (government-issued identification, such as a driver's license).
- The examination coordinator is responsible for orienting all skill examiners to the psychomotor examination by reading all printed instructions (see p. 27).
- The examination coordinator must ensure that all skill examiners and other staff conduct themselves in a professional manner throughout the examination.
- The examination coordinator must initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to NREMT and state-approved criteria.
- The examination coordinator must continue observing the skill examiner to ensure that any problems have been corrected. If the examination coordinator still has concerns about the skill examiner's "objectivity," the examination coordinator must dismiss the skill examiner in question.
- The examination coordinator oversees administration of the complaint procedure and acts as a member of the Quality Assurance Committee.

- The examination coordinator is responsible for dealing with instances of any irregular behavior during the examination, such as threats made toward any staff (including all personnel who are assisting with administration of the EMT psychomotor examination), the use of unprofessional (foul) language, or any other irregular behavior that may occur in connection with the administration of the examination that is not consistent with the normally expected behavior for EMS professionals.
- The examination coordinator determines the need for and the possibility of administering a same-day retest and all associated logistics.
- The examination coordinator may add and enter the total points on forms that were not tallied by the skill examiner as long as points for all steps have been recorded by the skill examiner. The examination coordinator must determine, based upon the "Critical Criteria" and minimum point totals, whether a candidate has passed or failed each skill.
- The examination coordinator must contact the skill examiner for explanation, clarification, and correction when the examiner has left any areas of the form blank, if comments written by the skill examiner do not support the points awarded or deducted, or any other existing areas of confusion or contradiction. If it is determined that the examiner made any errors in scoring, the skill examiner must make any necessary corrections to the evaluation form and initial any changes he/she makes.
- If at any point the examination coordinator is uncomfortable with the objectivity of any skill examiner, the examination coordinator must again observe the skill examiner until he/she is satisfied that the skill is being conducted within NREMT guidelines.
- The examination coordinator must transcribe all results onto the EMT Psychomotor Examination Report Form (skill sheet) based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest.
- The examination coordinator is not permitted to change a score. The only permissible action by anyone in relation to final scores is nullification following the procedure outlined in the Quality Assurance Committee Procedure.
- If candidates are being informed of their unofficial psychomotor examination results at the site, the examination coordinator must privately inform each candidate individually of his/her psychomotor examination results. The examination coordinator may only show the candidate the completed EMT Psychomotor Examination Report Form and must in no way inform the candidate of any specific reason(s) for failure.
- After scoring all results, the examination coordinator may wish to note general trends in psychomotor performance to help guide remedial training.

EMT Psychomotor Examination Skills

The NREMT psychomotor examination consists of skills presented in a scenario-type format to approximate the abilities of the EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the 2009 EMS Education Standards and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The psychomotor examination has been designed to serve as a formal verification of the candidate's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance should not be discussed with any candidate unlike that which should occur in the educational process during the learning phase.

The candidate is cautioned that all forms have been designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved EMT program

and were not designed as "teaching" forms. To fully understand the whys, hows, and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate should refer to the appropriate skill evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training and practice over the entire skill with the educational institution is strongly encouraged. Once skill mastery has been achieved, the candidate should be prepared for graduation from the program and completion of the psychomotor examination.

Emergency medical technician candidates for certification through NREMT should demonstrate an acceptable level of competency in the following seven skills:

1. Patient Assessment/Management – Trauma

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high fidelity simulation manikin for a given scenario. This skill includes:

- a. Scene Size-up
- b. Primary Survey/Resuscitation
- c. History Taking/Secondary Assessment
- d. Reassessment

2. Patient Assessment/Management – Medical

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or high fidelity simulation manikin for a given scenario. This skill includes:

- a. Scene Size-up
- b. Primary Survey/Resuscitation
- c. History Taking/Secondary Assessment
- d. Reassessment

3. Bag-Valve-Mask Ventilation of an Apneic Adult Patient

All candidates will be required to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The candidate is required to manually open an airway, suction the mouth and oropharynx, insert an oropharyngeal airway, and ventilate a manikin with a bag-valve-mask device.

4. Oxygen Administration by Non-rebreather Mask

All candidates will be required to assemble a regulator to a portable oxygen tank and administer oxygen by non-rebreather mask to an adult patient who is short of breath.

5. Cardiac Arrest Management/AED

All candidates will be required to integrate CPR skills, perform 2 minutes of 1-person adult CPR, attach and use the AED (including shock delivery) given a scenario of an adult patient found in cardiac arrest where no bystanders are present.

6. Spinal Immobilization (Supine Patient)

All candidates will be required to immobilize an adult patient who is found supine with a suspected unstable spine using a long spine immobilization device. An EMT assistant will be provided and the NREMT candidate is also responsible for the direction and subsequent actions of the EMT assistant.

7. Random EMT Skills

All candidates will be evaluated over one (1) of the following EMT skills chosen at random. An EMT assistant will be provided and the NREMT candidate is also responsible for the direction and subsequent actions of the EMT assistant:

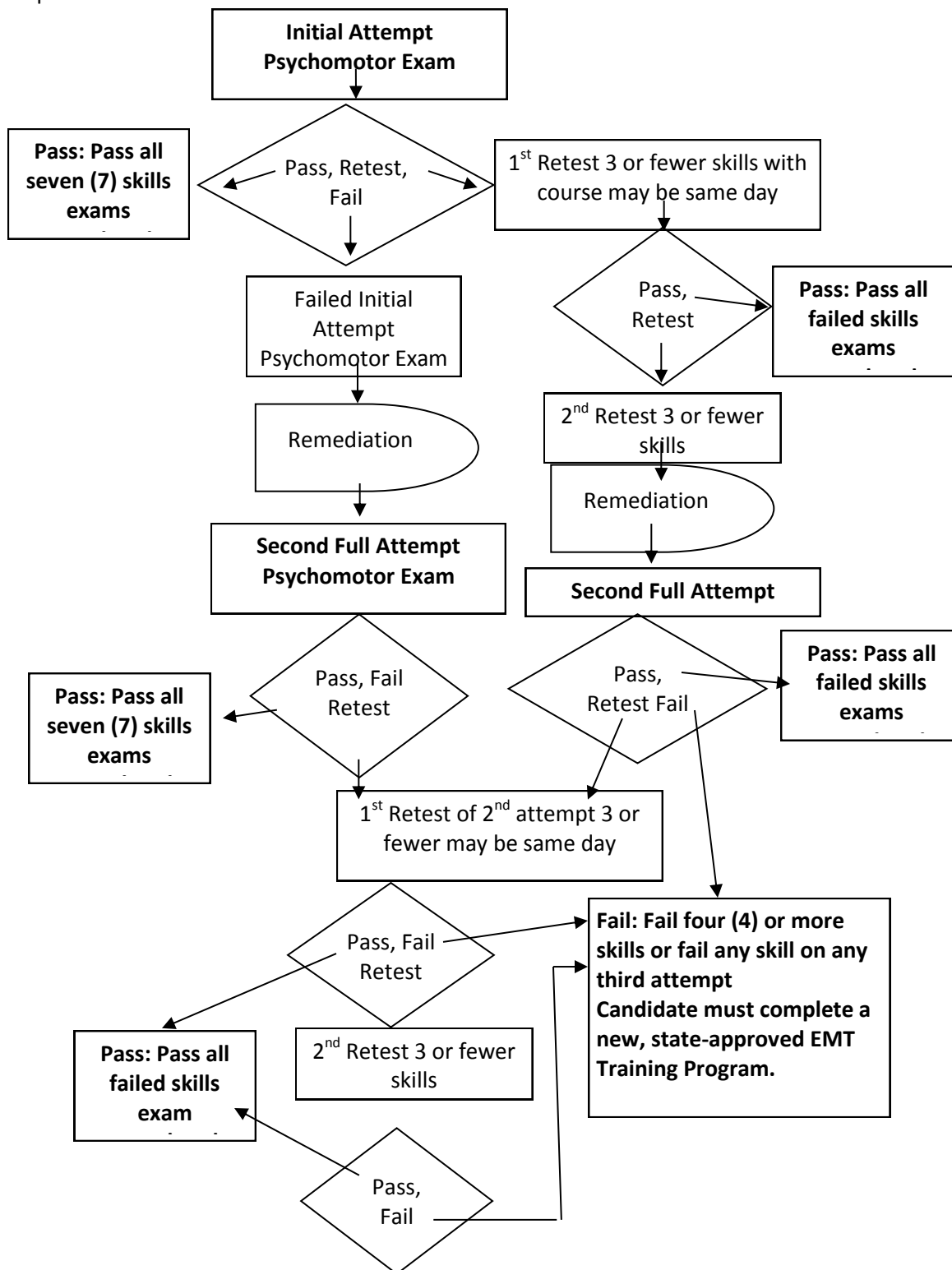
- a. Spinal Immobilization (Seated Patient)
- b. Bleeding Control/Shock Management
- c. Long Bone Immobilization
- d. Joint Immobilization

EMT Psychomotor Examination Results

NREMT candidates in Utah are required to complete seven (7) skills as described above when taking a full attempt of the psychomotor examination. The candidates are eligible for up to two full attempts of the psychomotor examination, provided all other “Entry Requirements” of the NREMT are met. New graduates from an EMT course seeking initial NREMT certification have no more than two (2) years from the date of course completion to successfully complete all components of the NREMT certification process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis.

1. Passed NREMT examination results are valid for up to twelve (12) months from the date of the examination, provided all other “Entry Requirements” of the NREMT are met.
2. The candidates are eligible to retest three (3) or fewer skills when taking a full attempt.
3. The candidates are eligible for up to two (2) retest attempts of three (3) or fewer skills failed for no more than twelve (12) months from the date of the examination, provided all other “Entry Requirements” are met.
4. If offered, only one (1) retest attempt may be completed on the same day. Retests must be completed in an all-or-none fashion. The candidate must retest the specific skill(s) failed. The examination coordinator cannot score or report incomplete psychomotor examination attempts. Candidates are not permitted to complete only a portion of the skills that need to be retested. Neither the NREMT nor the state of Utah mandates or guarantees same-day retest opportunities at any psychomotor examination site.
5. A candidate who fails the initial full attempt must submit official documentation of remedial education to the candidate’s course coordinator before attempting the second full attempt. This official documentation must be signed by the EMT training program director, course coordinator, or certified EMS instructor who verifies remedial training over failed skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in those skills.
6. Failure of any skill on the second retest attempt constitutes complete failure of the entire psychomotor attempt.
7. Candidates who fail four (4) or more skills in either the first or second full attempt have failed the entire psychomotor attempt. If the candidate fails the second full attempt the candidate must complete a new, state-approved EMT course.
8. The candidates who fail three (3) or fewer skills on the second full attempt are eligible for one same day retest of skills failed, if offered, or a first retest may be taken on another day.
9. If needed, candidates may retest any of the three skills failed in the first retest of the second full attempt.
10. If candidates fail any skills on this second retest they have failed their final full attempt of the psychomotor examination. The candidate must complete a new, state-approved EMT Training course.

The following chart was designed to assist in tracking the NREMT candidate through the psychomotor examination process:



Please note that the NREMT and/or the Utah Bureau of EMSP reserve the right to nullify and invalidate scores from any NREMT psychomotor examination that does not meet acceptable criteria for validation of equivalent psychomotor competencies outlined in this document.

Psychomotor Examination Accommodations

All candidates must complete the psychomotor examination in the same standardized format. The presentation of any skill may not be altered to accommodate a candidate's request without first obtaining approval from the Utah Bureau of EMSP. The examination coordinator is not authorized to individually make any determination for accommodation of the psychomotor examination. For example, it is not appropriate to move the simulated patient in the Patient Assessment/Management – Trauma skill from the floor to an examination table at the candidate's request because the candidate is physically unable to bend down and assess a patient found lying on the floor. The psychomotor examination is intended to present simulated patients with realistic situations that approximate the candidate's ability to function in the out-of-hospital environment. The examination coordinator and all skill examiners must remain vigilant for any situation that may alter the normal presentation of any skill other than that which is intended throughout the psychomotor examination. When in doubt, contact the Utah Bureau of EMSP for assistance.

Skill Examiner Orientation to the Psychomotor Examination

The exam coordinator/course coordinator or approved agent must read the following to all skill examiners and simulated patients.

My name is [course coordinator or approved agent's name]. I will be responsible for the administration of this examination. On behalf of the National Registry of Emergency Medical Technicians and the Utah Bureau of EMSP, I would like to thank you for serving as a skill examiner today. All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned skill and the ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed to assist you in objectively evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching, or remedial training. Therefore, you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than me. If you are unsure about scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form in which you have a question until we have discussed the performance. If I'm busy with other duties, make notes of the performance, notify the examination coordinator to get my attention, and continue on with your evaluation of other candidates, if possible.

Please act in a professional manner at all times, paying particular attention to the manner in which you address candidates. The NREMT does not discriminate or harass and it will not tolerate any type of discrimination or harassment by anyone involved with administration of the psychomotor examination. You must be consistent, fair, and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful of the manner in which you address candidates as many will interpret your remarks as some indication of his/her performance. You should develop a dialogue with a candidate throughout his/her performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Do not ask for information that does not relate to the

evaluation criteria in your skill. For example, if a candidate states, "I'd now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the percentage of oxygen delivered by the device, contraindications to the use of the device, or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states, "I'd do a quick assessment of the legs," you must interject and ask the candidate to actually perform the assessment as he/she would in a field situation.

We suggest you introduce yourself to each candidate as you call him/her into your room. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. As the candidate enters, be sure he/she did not bring any books, pamphlets, brochures, study materials, calipers, calculators, or any other electronic or mechanical devices. Take a few moments and clearly print the candidate's first and last name on the evaluation form as well as your name, the date, and scenario or set number (if required). We suggest you use ink pens and follow good documentation practices when completing these forms. You should then read aloud the appropriate set of "Instructions to the Psychomotor Skills Candidate" exactly as printed at the end of your essays. Be sure to alternate the scenarios between candidates if required in your skill. You may not add to or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to ensure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate enters with any equipment, be sure I have inspected it and you are familiar with its appropriate use prior to evaluating the candidate.

When the candidate begins his/her performance, please document the actual time started (not elapsed time) on the appropriate space of the evaluation form. As the candidate progresses through the skill, fill out the evaluation form in the following manner:

1. Place the point or points in the appropriate space at the time each item is completed.
2. Only whole points may be awarded for those steps performed in an acceptable manner. You are not permitted to award fractions of a point.
3. Place a zero in the "Points Awarded" column for any step that was not completed or was performed in an unacceptable fashion (inappropriate, haphazard, or non-sequential resulting in excessive and potentially detrimental delay).

All forms should be filled-out in a manner that prohibits the candidate from directly observing the points you award or any comments you may note. Do not become distracted by searching for specific statements on the evaluation form when you should be observing the candidate's performance. Ideally you should be familiar with these forms, but if this occurs, simply turn the form over and concisely record the entire performance on the backside. After the candidate finishes the performance, complete the front side of the evaluation form in accordance with the documented performance. Some skill evaluation instruments are printed with areas provided for performances to be documented. Please remember the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate. Please observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the candidate's performance promptly, document the actual time the performance ended, and direct the candidate to move on to the next skill, making sure that no candidate takes any notes or recordings of the skill (notes on vital signs, scenario information, etc.). If the candidate is in the middle of a step when the time limit is reached, permit

him/her to complete only that step but not start another. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all "Critical Criteria" statements printed on the evaluation form and check all that apply to the performance you just observed. For each of the "Critical Criteria" statements you check, please document your rationale on the reverse side of the evaluation form. Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check the respective statements. You may also wish to document each step of the skill in which zero points were awarded in the same fashion. Be sure to sign the form in the appropriate space and prepare the equipment and supplies to appear in the same fashion before accepting another candidate into your skill. Are there any questions?

At this time, all pagers, cell phones, and similar electronic communication devices must be turned to the silent or vibrate mode for the duration of the examination. You may use these devices as time keeping equipment.

Please do not answer calls or read and send text messages or emails while testing any candidate. You are not permitted to take any photographs, videos, or make any other digital copies of any portion of this examination for any reason.

You are responsible for the security of all evaluation materials throughout the examination and must return all materials to me before you leave this site. If you need to take a break, inform the examination coordinator or me and secure all evaluation instruments that were issued to you. After you receive your materials, proceed to your skill and check the props, equipment, and moulage to ensure all equipment is available and functioning properly. Please take a moment to look around the room and remove any materials that may assist a candidate with the examination process (charts, posters, algorithms, training materials, etc.). You should orient any simulated patients over their roles today. The simulated patients should act as a similar patient would in a field situation. Please emphasize the importance of their consistent and professional performance throughout today's examination. You must read through the essay and instructions, brief the simulated patients, program any high fidelity simulation manikins, and review the evaluation form prior to evaluating any candidate. Please wait until I have inspected your room and answered any of your specific questions before opening your skill. I will also be visiting all skills during the examination and will try to avoid interference as much as possible. Any questions?

Course Coordinator or approved agent distributes all psychomotor examination materials and dismisses all Skill Examiners and Simulated Patients to the skills stations.

Candidate Orientation to the Psychomotor Examination

The course coordinator or an approved agent must read the following orientation to all candidates for the psychomotor examination.

My name is [course coordinator or approved agent's name]. I will be responsible for the administration of this examination. I will be the examination coordinator for this test. On behalf of the National Registry of Emergency Medical Technicians, the Utah Bureau of EMSP, and [name of the sponsoring institution], I would like to welcome you here today. We extend our sincere wishes for your successful completion of this part of the certification process in obtaining your subsequent National EMS Certification as an EMT.

I will now read the roster to confirm attendance before we begin the orientation. Please identify yourself when I call your name so that I may record your attendance on the official roster.

The course coordinator or an approved agent now calls the roll and marks the roster for attendance.

Continue reading to all candidates.

If I did not call your name, please identify yourself so that I can record your attendance today. I suggest that everyone check with me before leaving this site to compare the skills you think you need to complete with the official roster. It is your responsibility to complete all required skills. The NREMT and the Utah Bureau of EMSP are not responsible for your incomplete attempt of the psychomotor examination.

The instructions I am about to give pertain to the psychomotor examination. Please pay close attention as these instructions will not be repeated.

The skill examiners that will be used today were selected because of their expertise in the assigned skill. The skill examiner is responsible for observing and recording your actions. Each skill examiner documents your performance in relationship to criteria established by the NREMT that adheres to the National EMS Education Standards, AHA Guidelines, and the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention.

You will be routed from the staging area when a skill is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. When you get to the room, please knock on the door to let the skill examiner know that you are waiting to test. You are not permitted to take any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices. Any notes you take must be left in the room when you complete the skill. At this time, all pagers, cellular telephones, personal digital assistants, and similar electronic communication devices must be turned off and locked in your vehicle or other secure area for the duration of the examination. If you attempt to use any communication device during the examination, for any reason whatsoever, you will be immediately dismissed from the remainder of the examination.

As you enter the room, the skill examiner will greet you and ask for your first and last name. Please provide the proper spelling of your name so that your results may be reported accurately. The skill examiner will then read aloud the "Instructions to the Psychomotor Skills Candidate" exactly as printed on the instructions provided by the NREMT and the Utah Bureau of EMSP. This information is read to each of you in the same manner to ensure consistency and fairness. Please pay close attention to the instructions as they correspond to similar information you might receive on an EMS call and give you valuable information on what will be expected of you during your performance. The skill examiner will ask whether you understand the instructions and will be happy to repeat any portion if necessary. Please do not ask the skill examiner to supply additional information not contained in the instructions as this is not permitted.

The skills are supplied with several types of equipment for your selection. You will be given time at the beginning of each skill to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all of the equipment. The skill examiner may point out any specific operational features of the equipment if you are unfamiliar with any device. If you brought any of your own equipment, I must inspect and approve it for use before you enter the skill.

As you progress through the psychomotor examination, each skill examiner will be observing and documenting your performance. Do not let their documentation practices influence your performance. There is no correlation between the volume of their documentation and the quality of your performance. We encourage you to explain the things you are doing within the scope of the time limit. The skill examiner may also ask questions for clarification purposes. Simply answer any questions and do not assume they are meant to provide feedback on the quality of your performance. If the skill has an overall time limit, the examiner will inform you of this during the instructions. When you reach the time limit, the skill examiner will direct you to stop your performance. However, if you complete the skill before your allotted time, inform the skill examiner that you have finished your performance. You may also be asked to help remove equipment from the simulated patient before leaving the skill. As you leave, please remember that you are not permitted to make any copies or recordings of this examination at any time.

Candidates sometimes complain that skill examiners are abrupt, cold, or appear unfriendly. No one is here to add to the stress and anxiety you already feel. It is important for you to understand that the skill examiners have been instructed to avoid any casual conversation with you. This is necessary to help ensure fair and equal treatment of all candidates throughout the exam. Please recognize this behavior as professional and simply perform the skills to the best of your ability. We have instructed the skill examiners not to indicate to you in any way your performance in any skill. Please do not interpret any remarks as an indication of your overall performance.

You are not permitted to discuss any specific details of any skill with one another at any time. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each skill so that we may complete this examination within a reasonable time period.

Your official psychomotor results will be reported as pass/fail of each skill by the examination coordinator. Your official results will also be electronically communicated to you by the NREMT, provided you have created an Emergency Medical Technician account. An account can be created by logging into their website at <http://www.nremt.org> and following the instructions. If you make any errors in your performance, the examination coordinator will not explain any specific errors in any performance. The purpose of certification by the NREMT is to verify achievement of minimal

competencies for safe and effective practice. Providing a specific analysis of errors in your performance was the responsibility of your educational program during the learning process and not the certification process. If you are unsuccessful in any skill today, we recommend that you contact your educational institution for remedial training before attempting to retest. Please remember today's examination is a formal verification process and was not designed to assist with teaching or learning. The skill examiners have not played any role in the establishment of pass/fail criteria, but merely observe and document your performance in each skill.

If you have a complaint concerning the psychomotor examination, a formal complaint procedure does exist. You must initiate any complaint with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation that can be documented in which you feel an unfair evaluation of your abilities occurred might be considered discriminatory.
2. There was an equipment problem or malfunction during your performance in any skill.

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. The Quality Assurance Committee comprised of the medical director and the examination coordinator will review your concerns and make a final determination of your complaint. If your complaint is deemed valid you will be allowed to retest the skill with a different skill examiner and your previous skill will be nullified.

I am here today to ensure that fair, objective, and impartial evaluations occur in accordance with NREMT and state-approved policy. If you have any concerns, please notify me immediately to discuss your concerns. I will be visiting all skills throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be accepted.

Does anyone have any questions concerning the psychomotor examination at this time?

Please print the following information legibly on the EMT Psychomotor Examination Report Form (Tally Sheet):

- Course name
- Course end date (Month, Day, Year)
- Examination Site (Name of Facility, City, State)
- Course number
- Student's Name
- Retesting (Yes or No)

Notice the skills listed in the chart. If you are taking the entire psychomotor examination today, be sure to complete all seven (7) skills that are listed. If you are retesting three (3) or fewer skills today, be sure to check with me before starting your psychomotor examination. Remember that your retest must be within 12 months of your initial psychomotor examination (all seven [7] skills) to be accepted. Whatever the case, it is your responsibility to complete all appropriate skills.

If you are taking the entire psychomotor examination today, you can fail up to three (3) skills and be eligible to retest just the skills failed. Failing more than four (4) skills will require remedial training and repeating the entire psychomotor examination on another date. Remember that examination results are only valid for twelve (12) months from the date of the examination. If you are eligible for retesting, you have two (2) retest attempts to pass the failed skill(s) within that twelve (12) month period. Note that you only need to retest the specific skill(s) failed. For example, if you are here for your first attempt of the psychomotor examination and fail Patient Assessment/Management – Medical, Bag- Valve-Mask Ventilation of an Apneic Adult Patient, and Spinal Immobilization (Supine Patient), you only need to retest these three (3) skills. If we conduct a same-day retest today, you must retest all skills that need retested or none at all. We cannot score or report incomplete psychomotor examination attempts. The NREMT and the Bureau of EMSP do not mandate or guarantee same-day retest opportunities at any EMT psychomotor examination site. Please note that all results are preliminary and unofficial until they have been formally processed and reported to you by (the examination coordinator should remind candidates which agency will be reporting official psychomotor examination results).

Be sure to read the “Candidate’s Statement” on the back side of the form carefully before signing your legal signature and filling-in today’s date. Please note that unprofessional behavior, such as the use of foul language, making threats, or other types of irregular behavior will not be tolerated and could lead

The course coordinator or approved agent should collect all EMT Psychomotor Examination Report Forms (Tally Sheets) at this time and verify the candidate’s identity with an official form of photo identification (government-issued identification such as a driver license). If a candidate has no acceptable form of ID and the examination coordinator or any other person in an official capacity at the examination site cannot verify his/her true identity, the examination coordinator should immediately dismiss the candidate from the psychomotor examination.

to immediate dismissal and other appropriate actions.

Please come up to turn-in your completed EMT Psychomotor Examination Report Form. If you are not a member of this course I will need to see some form of identification, such as your driver license, as you turn-in these forms. This would also be a good time to confirm the skills you "think" you need to complete with me before we begin the examination. Please remember to turn off all electronic communication devices and lock them in your vehicle or other secure area before we start this examination.

Late Arrivals

Situations such as inclement weather conditions or ambulance runs are typical examples in which the candidate may be granted permission to begin the psychomotor examination late. If admitted into the examination, candidates arriving late must be afforded the opportunity to complete all of the psychomotor examination he/she needs. No candidate may be permitted to complete only a portion of the psychomotor examination. If you can ensure the candidate will be able to complete all portions of the psychomotor examination he/she needs, you must orient the candidate to the psychomotor examination in the usual manner before permitting him/her to start the examination. If the facility cannot ensure that the candidate will be able to complete all portions of the psychomotor examination he/she needs, the candidate must be dismissed from the psychomotor examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

Interruption of the Psychomotor Examination

Once the examination has started, if a candidate withdraws from the examination for any reason prior to completion, collect the candidate's skill evaluation materials in the usual manner and report any results completed up to that point. You should write a note of explanation on the candidate's report form in the section for "Comments" below your signature.

Despite the examination coordinator's best planning, an interruption outside anyone's control may disturb a candidate who is taking the psychomotor examination. An excessive interruption in a room where a candidate is attempting to complete a skill is an example of an interruption that could affect the candidate's concentration. In this circumstance, the examination coordinator should use his/her best judgment and nullify the result (if necessary) if you believe the interruption adversely impacted the candidate's performance.

Perhaps the most severe form of interruption during the psychomotor examination can occur when the fire alarm sounds for a fire drill or the electricity goes off in the building. Should this occur, the examination coordinator and skill examiners must secure all examination materials until you are able to re-enter the building or power is restored. If necessary, you should nullify results for candidates testing in skills when the interruption occurred and permit him/her to restart and complete that skill on his/her initial attempt after order is restored in the examination site. These are general guidelines for dealing with the rare interruptions of psychomotor examinations. Should you ever be confronted with such a situation, use your best judgment in consultation with the examination coordinator. Your decisions should be based on ensuring that all candidates are able to complete the psychomotor examination in the same standardized format as all other candidates. Do not make any decision that could potentially jeopardize the health and safety of anyone involved with the examination!

Use of Prohibited Materials

Candidates are not permitted to use any type of notes that were brought into the examination and they are not permitted to take any study materials into any skill when testing. Candidates must not copy any material from the examination or make recordings of the examination at any time or in any way. The use of calculators, pagers, cellular telephones, personal digital assistants, or any other mechanical or electronic communication device is strictly prohibited throughout the psychomotor examination. If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication

device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate may be dismissed from the examination process by the examination coordinator.

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, warn the candidate that he/she will be dismissed if the behavior persists. Even though all NREMT psychomotor examination materials are copyrighted, some candidates may attempt to use or share "fraternity notes" or other illegal information with each other in preparation for the psychomotor examination. If you suspect any candidate of such activity, immediately notify the Bureau of EMSP. You may be directed to form a Quality Assurance Committee to:

1. Immediately suspend administration of the psychomotor examination to all candidates at that site.
2. Interview any candidate suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.
3. Attempt to obtain all copies of such notes or recordings for inspection.
4. Enlist the assistance of law enforcement personnel to assist with retrieval of the copyrighted property of the NREMT.

After all materials have been retrieved, all interviews completed, and the examination coordinator is reasonably satisfied that all candidates involved have been dismissed, administration of the psychomotor examination may resume at the discretion of the examination coordinator.

Candidates Suspected of Dishonest Action

A written report must be submitted in all suspected cases of dishonesty in the psychomotor examination by the examination coordinator in addition to any proctor(s), and all other personnel who witnessed the occurrence. The report must include the following:

- Name, address, and phone number of the person who witnessed the occurrence
- Purpose/function at the examination site
- A summary of all facts concerning the situation

Prior to returning completed examination materials, the examination coordinator must clearly mark the EMT Psychomotor Examination Report Forms of all candidates involved and attach all affected forms to the incident report.

Irregular Behavior

The NREMT has disciplinary policies in place to address irregular behavior during examinations (visit <http://www.nremt.org>). The state may also have additional disciplinary policies related to irregular behavior of which the examination coordinator must be aware. The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

1. Giving or receiving aid in the examination as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.

2. The unauthorized access to, possession, reproduction, disclosure, or use of any examination materials, including, but not limited to, examination questions or answers before, during, or after the examination.
3. Making threats toward NREMT and Bureau of EMSP staff or agents.
4. Using unprofessional (foul) language when interacting with NREMT and Bureau of EMSP staff or agents.
5. Offering any benefit to any agent of the NREMT, Bureau of EMSP or the testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
6. Engaging in irregular behavior in connection with the administration of the examination.

Dismissal from the Psychomotor Examination

Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a candidate for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a candidate and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or physical reprisal. Prior to making a decision for dismissal, you must consult the Examination Section of the NREMT office and the Bureau of EMSP.

You may decide to dismiss when warranted, but you should use your best judgment in handling the situation. Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward NREMT or Bureau of EMSP staff or agents; used unprofessional (foul) language when interacting with NREMT or Bureau of EMSP staff or agents; attempted to take (or took) any copyrighted NREMT examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are certain a violation has occurred, immediately collect all of the candidate's psychomotor examination material completed up to that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Return all examination materials, indicating on the EMT Psychomotor Examination Report Form that the candidate's results have been subject to misconduct as documented in your incident report.

Reporting Psychomotor Examination Results

The psychomotor examination skill evaluation forms should be totaled by the skill examiner. The examination coordinator may total the points on forms that have not been added-up as long as the points for each individual step have been entered. The examination coordinator should determine, based upon the "Critical Criteria" and minimum point totals, whether a candidate has passed or failed each skill. The examination coordinator should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been achieved. If the skill examiner has left any areas of the form blank, if comments written by the skill examiner do not support the points awarded or deducted, or any other areas of confusion exist, the examination coordinator should contact the skill examiner for a full explanation and clarification. After discussion, if it is determined that the skill examiner made any error in scoring, the skill examiner should make any necessary adjustments to the evaluation form and initial any changes. If the objectivity of the skill examiner is questioned, the examination coordinator should again observe the skill examiner until he/she again verifies that the skill is being conducted within NREMT guidelines.

The examination coordinator should transcribe all results onto the EMT Psychomotor Examination Report Form (see Tally Sheet). This may be accomplished at the examination site or following the examination at the discretion of the examination coordinator based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the examination coordinator in accordance with Bureau of EMSP recommendations (12 months).

One suggested efficient way to score psychomotor examination results is to lay out the EMT Psychomotor Examination Report Forms in alphabetical order on a tabletop in a secure room. As the individual skill evaluation forms are collected, the examination coordinator should distribute the sheets by placing them on top of the appropriate candidate's psychomotor report form. As soon as the results are transcribed, the individual skill evaluation form is placed underneath the EMT Psychomotor Examination Report Form. As more sheets are collected, the individual skill evaluation forms are placed on top of the appropriate candidate's EMT Psychomotor Examination Report Form. In this way, the only results that must be transcribed are those that are lying on top of the EMT Psychomotor Examination Report Form. This also eliminates the need to constantly shuffle through forms that have already been scored and transcribed.

The examination coordinator should be sure to transcribe the psychomotor results onto the EMT Psychomotor Examination Report Form. As you look at the form you will see three (3) sets of "Pass/Fail" columns in which to transcribe all results (Full Exam; Retest #1, Retest #2). The examination coordinator should be careful to fill-in the results for each skill in the appropriate set of columns based upon the candidate's previous testing history. The following chart should assist in determining the proper column in which to transcribe results and the possible outcomes of the testing attempt:

Columns	Possible Outcomes
First Pair: "Results of Full Attempt"	Pass, Retest, Fail
Middle Pair: "Results of Retest #1"	Pass, Retest
Last Pair: "Results of Retest #2"	Pass, Fail

If unofficial psychomotor examination results are being reported that day, the possible outcomes for the various testing attempts are printed below each respective set of columns. The examination coordinator should circle the appropriate outcome of the candidate's attempt before reporting the unofficial results to the candidate. When reporting these unofficial results, the examination coordinator should only show the candidate the completed EMT Psychomotor Examination Report Form and should in no way inform him/her of the specific reasons for failure.

If a same-day retest is administered, use the same EMT Psychomotor Examination Report Form that the candidate filled-out during the orientation process. The examination coordinator should then transcribe the retest results into the next set of columns immediately to the right of where the first set of results were filled-in from that day.

Same-Day Retest Considerations

The examination coordinator may decide to administer a psychomotor examination retest on the same day. The decision should be made as early as possible during the day of the examination. The following factors should be considered:

- The feasibility of the examination coordinator to score all psychomotor results and tabulate retest needs.
- The availability of qualified skill examiners to be reoriented to different skills. No candidate may be retested on the same day in any skill by the original skill examiner.
- The protection of all skill examiners and the examination coordinator. Unnecessary animosity and undue retribution should be avoided at all costs.
- The total number of candidates who need to retest on the psychomotor exam.
- The consensus and the ability of the skill examiners to stay the additional time to complete all retests.
- The availability of the examination site to ensure completion of the retest and associated logistics.
- Travel considerations of the examination coordinator and the skill examiners.

Do not commit to administer a same-day retest until a final decision has been made, taking into account the factors outlined above. After the decision has been made to conduct a same-day retest, all candidates should be informed that a same-day retest will be made available. The examination coordinator should inform all candidates that they will be entitled to only one (1) retest attempt at that test. No candidate is permitted to complete the entire EMT Psychomotor Examination again during a same-day retest attempt. The examination coordinator should also remind all candidates that complaints must be made before a candidate is informed of his/her results or the complaint will be invalid.

The following candidates would be eligible for a same-day retest if administered:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail three (3) or fewer skills
- EMT candidates on Retest #1 attempt who fail any of the three (3) skills tested

The following candidates are not eligible for any same-day retesting:

- EMT candidates completing a full attempt (completes all seven [7] skills) who fail four (4) or more skills
- EMT candidates on Retest #2 who fail any of the three (3) or fewer skills tested

When all complaints have been fully deliberated, the examination coordinator should privately and individually inform each candidate of his/her results and offer each eligible candidate the option for a same-day retest if one is being administered. Before informing the candidate of his/her results, the examination coordinator should ask one last time, "Do you have any complaints concerning equipment malfunction or discrimination?" If not, the examination coordinator should only show candidates the completed EMT Psychomotor Examination Report Form and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion. Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled. It is the candidate's decision to complete a same-day retest. Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all seven [7] skills) on the next full attempt after officially documenting remedial training in all skills. Remember that a retest must be within 12 months of the initial psychomotor examination (all seven [7] skills) to be accepted.

Informing candidates of the psychomotor examination results on the same day may create an antagonistic response from the candidates who have failed any portion. The examination coordinator should be made aware of this possibility. If the examination coordinator is unprepared to uphold all evaluations of the skill examiners and the criteria for the psychomotor examination, or if candidates

become boisterous, unruly, or hostile upon being informed of their results, no same-day retest should be offered. In this situation, it is best to dismiss all remaining personnel from the examination site without giving out any more results. Suspend any retesting (if underway), inform all remaining candidates to expect their results by some other method, collect and secure all examination materials, and dismiss all personnel from the examination site.

Same Day Retest Roster

Once the examination coordinator commits to administer a same-day retest, it is possible to begin retesting before every single candidate finishes the psychomotor examination provided two (2) or more of each skill were set up and skill examiners don't need to be reoriented to different skills. No candidate can begin to retest until the examination coordinator has scored every result for that candidate's attempt and determined whether he/she is eligible to retest. If only one (1) of every skill was set-up, the examination coordinator will need to re-orient skill examiners to a different skill before the same-day retest can begin. Remember that no candidate may be retested on the same day in any skill by the original skill examiner. If skills were duplicated at an examination site, retesting would be as simple as ensuring the candidate reports to the other skill for his/her retest. The examination coordinator should also ensure that no candidate retests any skill before all other candidates have completed that skill on his/her initial attempt that day or else the examination will be excessively delayed.

Perhaps the most difficult part of conducting a same-day retest is being able to score results, informing the candidate of his/her results, and notifying the examination coordinator of the candidates who can start retesting if any skill is available. Perhaps the most efficient way to conduct a same-day retest is when the examination coordinator uses the following "Same-Day Retest Form" in this way:

1. Fill-in the candidate's name.
2. Record the candidate's results by marking the skill(s) the candidate has failed.
3. Somehow note the original skill the candidate failed (name of skill examiner, scenario #, room #, etc.).
4. Inform the candidate of his/her results in the usual fashion.
5. Only give the completed Same-Day Retest Form to those candidates who are eligible to retest.
6. Instruct any candidate wanting to retest to turn in this retest slip to the examination coordinator or staging officer.
7. When the skill examiners are prepared, the examination coordinator can begin the same-day retest by sending the candidate to a skill that everyone has initially completed and is appropriately set-up for retesting.

When possible, conducting a same-day retest in this fashion is more efficient than waiting until every candidate has completed the psychomotor examination before starting to retest. The completed "Same-Day Retest Forms" help the examination coordinator know who is eligible and ready to retest the moment the candidate hands him/her the Same-Day Retest form.

Completion of the Psychomotor Examination

The examination coordinator will be very busy scoring results, informing candidates of his/her unofficial results, and coordinating any same-day retest as skill examiners begin to finish the psychomotor examination and turn in examination materials. The examination coordinator should develop the

following habit for collecting psychomotor examination materials to help ensure that no secure materials will be lost:

1. As the skill examiner turns-in material, ask yourself, “Is there any secure scenario information this skill examiner should be turning in?” Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical may have secure scenario information that needs to be collected before the skill examiner leaves the site.
2. If the skill examiner was issued secure scenario information, stop transcribing examination results and re-inventory all secure information the skill examiner is turning in. Immediately file the secure information in a safe area.
3. Start three (3) separate piles of paperwork and file the remaining materials as follows:
 - a. Completed skill evaluation forms
 - b. “Blank” skill evaluation forms
 - c. Essays to the skill examiners
4. Briefly interview the skill examiner concerning any problems or areas of confusion that may have occurred before dismissing the skill examiner.
5. Continue transcribing results until the next skill examiner turns in materials.

After all the results have been transcribed onto the EMT Psychomotor Examination Report Form, the examination coordinator should pick up the report forms in alphabetical order and paper clip them to the completed roster. Do not staple anything to the EMT Psychomotor Examination Report Forms and do not interfile any other materials with them. The stacks of skill evaluation forms should be picked-up in alphabetical order and secured with a rubber band. The examination coordinator should ensure the security of all psychomotor examination material until the psychomotor examination concludes. Any secure psychomotor examination materials should be inventoried upon completion of the psychomotor examination and again before leaving the examination site. The examination coordinator should then promptly return all psychomotor examination materials to the examination coordinator.

Skill Examiner Responsibilities

Skill examiners are responsible for the following:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the simulated patient and other staff conduct themselves in a similar manner throughout the examination.
- Objectively observing and recording each candidate’s performance.
- Acting in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate’s performance.

- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any simulated patient and programming any high fidelity simulation manikin for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the examination coordinator.

Skill Examiner Qualifications

Skill examiners should be recruited from the local EMS community of EMS instructors. You should only consider EMS instructors who are currently certified or licensed to perform the skill you wish them to evaluate. In addition, careful attention should be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the skill examiner toward a particular group or the entire group of candidates. In no case should a primary instructor serve as a skill examiner for any of his/her own students. If necessary, casual instructor staff may be utilized as long as they are unbiased and do not evaluate any skill for which they served as the primary instructor. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment/Management – Trauma skill examiner, but can be utilized to evaluate another skill so long as you feel he/she is unbiased and is qualified to perform the skill to be evaluated.

Every effort should be made to select skill examiners who are fair, consistent, objective, respectful, reliable, and impartial in his/her conduct and evaluation. Skill examiners should be selected based upon their expertise and understanding that there is more than one acceptable way to perform all skills. The examination coordinator should work to obtain skill examiners who are not acquainted with the candidates if possible. All skill examiners are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the examination and his/her skill, and for maintaining strict security of all examination-related items throughout the examination. The selected examination team should represent a combination of out-of-hospital care providers and may also include nurses, physicians, and other appropriately trained allied health personnel. All skill examiners should have experience in working with EMTs, teaching, or formal evaluation of psychomotor skills. The skill examiner should possess local credibility in the field of out-of-hospital care. We encourage recruitment of currently nationally registered EMTs to serve as skill examiners as they are already familiar with the examination process and possess a previously demonstrated expertise in the skill. If nationally registered EMTs are not available to staff all skills, you should select suitable personnel as outlined.

Examples and guidelines for qualifications of each skill examiner are explained in the following. The Bureau of EMSP should be consulted if you are unable to locate people who satisfy the qualifications for skill examiners. Ultimate approval for assuring that examiners meet these minimum qualifications is the discretion of the examination coordinator.

Patient Assessment/Management – Trauma

The Patient Assessment/Management – Trauma skill examiner can be an EMT instructor or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a trauma patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level. The skill examiner should have previously completed a focused trauma care course, such as PHTLS, ITLS, or ATLS.

Patient Assessment/Management – Medical

The Patient Assessment/Management – Trauma skill examiner can be an EMT instructor or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with current out-of-hospital management of a medical patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and previously completed a focused medical care course, such as EMPACT.

BVM Ventilation of an Apneic Adult Patient and Oxygen Administration by Non- rebreather Mask

The BVM Ventilation of an Apneic Adult Patient & Oxygen Administration by Non-rebreather Mask skill examiner can be an EMT instructor or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the various types of common airway adjuncts, oxygen delivery systems, and out-of-hospital care protocols for immediate ventilation of an apneic adult patient may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be licensed to perform bag-valve-mask ventilation and operate various oxygen adjuncts and equipment to administer supplemental oxygen.

Cardiac Arrest Management/AED

The Cardiac Arrest Management/AED skill examiner can be an EMT instructor or higher. A nurse, physician, or other appropriately trained allied health provider who is familiar with the out-of-hospital care protocols for management of an adult patient in cardiac arrest may also serve as an examiner for this skill. At a minimum, the examiner should have ample experience in providing patient care at the EMT level and be certified to perform CPR and use an AED. The skill examiner should hold current credentials equivalent to the American Heart Association's BLS Instructor for Healthcare Providers.

Spinal Immobilization (Supine Patient) and Random EMT Skills

The Spinal Immobilization (Supine Patient) skill examiner and the Random EMT skill examiner must be an EMT instructor who is licensed to perform the following skills in the out- of-hospital setting:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

A reputable, impartial EMT instructor who thoroughly understands the principles and various acceptable practices of completing the above-listed skills is recommended to serve as a skill examiner for the Spinal Immobilization (Supine Patient) skill and the Random EMT skill.

ESSAYS TO SKILL EXAMINERS

Patient Assessment/Management – Trauma Essay to Skill Examiners

Thank you for serving as a skill examiner for today's examination. Before you read the specific essay for the skill you will be evaluating, please take a few moments to review your general responsibilities as a skill examiner:

- Conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the EMT assistant and/or simulated patient conducts himself/herself in a similar manner throughout the examination.
- Objectively observe and record each candidate's performance.
- Act in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Provide consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Record, total, and document all performances as required on all skill evaluation forms.
- Thoroughly read the specific essay for the assigned skill before the actual evaluation begins.
- Check all equipment, props, and moulage prior to and during the examination.
- Brief any simulated patient and EMT assistant for the assigned skill.
- Ensure professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintain the security of all issued examination material during the examination and ensure that all material is returned to the examination coordinator.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multiple systems trauma. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the simulated patient. Since this is a scenario-based skill, it will require dialogue between the skill examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the simulated patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the simulated patient. A partition set-up just inside of the entrance to your room that screens the simulated patient from view also works well. After all instructions and scenario information is read, the time limit starts when the candidate turns around and begins to approach the simulated patient. Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects,

assesses, or touches the simulated patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the simulated patient's face, you must ask what he/she is checking to precisely determine. (If he/she was checking the eyes, facial injuries, or skin color, etc.) Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulded but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the skill examiner as soon as the candidate exposes or examines that area of the simulated patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound." Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the simulated patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the simulated patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step "Takes vital signs" has been placed in the "Primary Survey/Resuscitation" section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multisystem trauma patient. It is acceptable for the candidate to call for immediate evacuation of the simulated patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment en route. All vital signs should be periodically reassessed en route and an accurate BP should be obtained by sphygmomanometer during reassessment transport of the simulated patient.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the simulated patient too much at too early a step. If, on the other hand, no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the simulated patient to the point where the candidate elects to initiate CPR.

Because all treatments are voiced, a candidate may forget what he/she has already done to the simulated patient. This may result in the candidate attempting to do assessment/treatment steps on the simulated patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the simulated patient after the simulated patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, "You have secured the simulated patient to the long backboard. How would you assess the posterior thorax?" This also points out the need for you to ensure the simulated patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the examination coordinator for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the "Secondary Assessment" when appropriate within the sequence of the "Primary Survey/Resuscitation." For example, it is acceptable for the candidate who, after appropriately opening and evaluating the simulated patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax, lumbar and buttocks area into the "Primary Survey/Resuscitation" sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Survey/Resuscitation." These areas have been denoted by ** on the skill evaluation form in the "Secondary Assessment" section. However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step "Considers stabilization of the spine" and mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the back of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions arise later. Immediately upon determining the severity of the simulated patient's injuries, the candidate should call for immediate packaging and transport of the simulated patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that both "partners" are available during transport. You should stop the candidate promptly when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the simulated patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your simulated patient to assist in his/her role as a programmed patient. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the simulated patient. You should program the high fidelity simulation manikin or live simulated patient with the following parameters in mind:

- A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to suspect multisystem trauma.
- The patient must be on the floor. If any candidate insists on having the simulated patient moved to a different location, you should immediately dismiss the candidate and notify the examination coordinator.
- The patient must at least respond to pain by moaning or mumbling.

- There must be at least one problem with the airway, breathing, and circulatory status of the patient.
- There must be an additional associated soft tissue or musculoskeletal injury.
- Vital signs should be prepared that represent a severely injured multisystem trauma patient.

An acceptable scenario should be developed like the following sample:

- Mechanism of injury: You respond to a car crash and find an ejected victim. The victim is lying 60 feet from the overturned car.
- Injuries:
 - Moans to pain
 - Right side flail chest
 - Decreased breath sounds on the right
 - Pale, cool, moist skin
 - Weak, rapid carotid pulse palpable
 - Pupils equal and sluggish
 - Pelvis stable
 - Closed, angulated deformity to the right lower leg

Vital signs

Initial: BP 72/60, P 138, R 28 and SpO2 no reading displayed

Recheck with appropriate treatment: BP 92/74, P 118, R 22 and SpO2 is 93%

Recheck with inappropriate treatment: BP 68/48, P 142, R 38 and SpO2 no reading displayed

Be sure to program the simulated patient or high fidelity simulation manikin to respond as a real patient would given all injuries listed in the scenario. Also make sure the simulated patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All simulated patients should be adults or adolescents who are older than sixteen (16) years of age. All simulated patients should also be of average adult height and weight. Small children may not serve as patients in any skill. All simulated patients should wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the simulated patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the simulated patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates. Please be conscientious of fatigue experienced by simulated patients throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your simulated patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your simulated patient may become uncomfortably cold during the examination from lying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your simulated patient warm throughout the examination. For the comfort of the simulated patient a mat may be used on hard floors.

Information for the Simulated Patient

Thank you for serving as the simulated patient for today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room. It is important to respond as a real patient would in a similar multiple trauma situation. The skill examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should

act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a simulated patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll toward the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the skill examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided to help keep you warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the skill examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until the examination coordinator has provided you with an approved trauma scenario. You should also have a "live" simulated patient who is an adult or adolescent older than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the simulated patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR
PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your simulated patient. You may remove the simulated patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) "partners" working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

(Skill examiner now reads "Mechanism of Injury" from prepared scenario and begins 10 minute time limit.)

Patient Assessment/Management – Medical Essay to Skill Examiners

Thank you for serving as a skill examiner at today's examination. Before you read the specific essay for the skill you will be evaluating, please take a few moments to review your general responsibilities as a skill examiner:

- Conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the EMT assistant and/or simulated patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observe and record each candidate's performance.
- Act in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Provide consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Record, total, and document all performances as required on all skill evaluation forms.
- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.
- Check all equipment, props, and moulage prior to and during the examination.
- Brief any simulated patient and EMT assistant for the assigned skill.
- Ensure professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintain the security of all issued examination material during the examination and ensure that all material is returned to the examination coordinator.

This skill is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a "live," programmed, simulated patient or a high fidelity simulation manikin, it will require extensive dialogue between the candidate, the simulated patient, and the skill examiner if necessary. The simulated patient will answer the candidate's questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the simulated patient is providing and should immediately correct any erroneous information the simulated patient may accidentally provide.

This skill requires the presence of a "live," programmed, simulated patient or a high fidelity simulation manikin. The scenario that you develop must contain enough information for the candidate to form a general impression of the simulated patient's condition. Additionally, the simulated patient should remain awake and able to communicate with the candidate throughout the scenario. Please moulage the simulated patient and thoroughly brief him/her over his/her role for the examination. You should ensure the simulated patient reads the "Information for the Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first candidate to

ensure familiarization with the approved scenario for today's examination. Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition.

Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the simulated patient (BP, P, and R) using a stethoscope and a blood pressure cuff. Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate, and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. Acceptable ranges for scoring purposes are based upon the vital signs that you measure and record on the simulated patient:

Blood pressure: ± 10 mmHg

Pulse: ± 10 beats per minute

Respiratory rate: ± 5 breaths per minute

After the candidate measures the actual vital signs of the simulated patient, you may need to inform the candidate of "adjusted" vital signs based upon the approved testing scenario for the examination as compared to the actual vital signs just obtained by the candidate.

As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the simulated patient. Other candidates waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the simulated patient. A partition set-up just inside of the entrance to your room that screens the simulated patient from view also works well. After all instructions and scenario information is read, the time limit starts when the candidate turns around and begins to approach the simulated patient.

Candidates are required to evaluate the scene just as he/she would in a field setting. When asked about the safety of the scene, you should indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step "Determines the scene/situation is safe" and the related "Critical Criteria" statement should be checked and documented as required.

Because of the limitations of moulage and the ability of the simulated patient, you should establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses, or touches the simulated patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the simulated patient's face, you should ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged, but would be immediately evident in a real patient should be supplied by the skill examiner as soon as the candidate exposes or examines that area of the simulated patient. Your responses should not be leading, but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but is difficult to moulage. An unacceptable response would be merely stating, "The patient is experiencing left heart failure." Because of the dynamic nature of this scenario-based evaluation, you will need to supply

logical vital signs and update the candidate on the simulated patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The sample vital signs that you create with this scenario should serve as a sample of acceptable changes in the simulated patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a "physiological miracle" by improving the simulated patient too much at too early a step. If, on the other hand, no inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. However, do not deteriorate the simulated patient to the point where he/she can no longer communicate with the candidate.

Two imaginary EMT assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she has already done to the simulated patient. This may result in the candidate attempting to do assessment/treatment steps on the simulated patient that are physically impossible. For example, a candidate may attempt to assess the back of a simulated patient who was found supine in bed. Your appropriate response in this instance would be, "Please assess this simulated patient as you would a real patient in the out-of-hospital setting." This also points out the need for you to ensure the simulated patient is actually presenting and moving upon the candidate's directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the examination coordinator for clarification prior to opening your skill. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, after completing the "Primary Survey/Resuscitation" and determining that the patient does not require immediate and rapid transport, the steps listed in the "History Taking/Secondary Assessment" section may be completed in any number of acceptable sequences. If the mechanism of injury suggests potential spinal compromise, immediate and continuous cervical spine precautions should be taken. If not, deduct the point for the step "Considers stabilization of spine" and mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the back of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the "Primary Survey/Resuscitation" the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. You should inform the candidate who chooses to

immediately transport the critical patient to continue his/her "Secondary Assessment" while awaiting arrival of the EMS vehicle. Be sure to remind the candidate that both "partners" are also available. You should stop the candidate promptly after he/she completes a verbal report to an arriving EMS unit or when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and they have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the simulated patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your simulated patient to assist in his/her role as a programmed patient. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the simulated patient. You should program the high fidelity simulation manikin or "live" simulated patient with the following parameters in mind:

- There must be a clearly defined nature of the illness. The patient or a bystander should be able to communicate relevant information to the candidate when asked.
- The patient's chief complaint must be clearly related to the nature of the illness.
- The history of the present illness, past medical history, and physical findings in the affected body systems must be related to the chief complaint and nature of the illness.
- Vital signs should be prepared that represent the usual findings in a patient with these pathologies.

An acceptable scenario should be developed like the following sample:

- Nature of the call: You arrive at a residence and find a 61-year old male on home oxygen. He appears overweight and is sitting in a tripod position in a chair. He is breathing rapidly and you observe cyanosis around his lips, fingers and capillary beds.
- Chief complaint: "I can't breathe. (coughing) I need to go to the hospital." (more coughing)
- Breathing: 28 and labored; pursed lips
- Circulation: Pulse 120 and strong
- Onset: "Breathing has gotten worse over the past 2 days."
- Provokes: "Gets really bad when I use the stairs."
- Quality: "Can't seem to catch my breath."
- Radiate: "No pain anywhere else."
- Severity: "I think I'm dying. I can't stop coughing."
- Time: "Woke me up 3 hours ago. Still can't catch my breath."
- Interventions: "I turned up the oxygen to 3 L/minute about 1 hour ago."
- Allergies: Penicillin, bee stings
- Medications: Oxygen, hand-held inhaler (bronchodilator)
- Past medical history: 10 year history of emphysema
- Last meal: "I ate breakfast this morning."
- Vital signs: BP 140/88, P 120, R 28 and SpO2 is 87% on 3 L/minute nasal cannula
- Mentation: Alert and appropriately oriented to person, place, and time

We recommend that scenarios be developed and utilized for the following types of patient presentations:

- Respiratory
- Cardiac (non-arrest presentation)
- Neurological (to include stroke, altered mental status, and syncope)
- Allergic reaction

- Poisoning/Overdose
- Environmental emergency
- Obstetrics
- Abdominal pain

Be sure to program your simulated patient or high fidelity simulation manikin to respond as a real patient would given all conditions listed in the scenario that you have prepared. Also make sure the simulated patient acts, moves, and responds appropriately given the scenario just as a real patient would. You may need to confirm a portion of the candidate's performance with the simulated patient to help ensure a thorough and complete evaluation. All simulated patients should be adults or adolescents who are older than sixteen (16) years of age. All simulated patients should also be of average adult height and weight. Small children may not serve as patients in any skill.

Information for the Simulated Patient

Thank you for serving as the simulated patient for today's examination. In this examination, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc. which you act out should be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would. The skill examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should act out should be consistently displayed throughout the examination.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The skill examiner will be role-playing several practice sessions with you to help you become comfortable with your role today as a programmed patient. If any candidate asks for information not contained in the scenario, the skill examiner will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. It is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she may assess your back, please sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you and the skill examiner may need to discuss the candidate's performance after he/she leaves the room.

A blanket will be provided to help keep you warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the skill examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until the examination coordinator has provided you with an approved medical assessment scenario. You should also have a "live" simulated patient who is an adult or adolescent older than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the simulated patient. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scratch paper and pencil/pen
- Blanket

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your simulated patient. You do not need to remove any clothing from the simulated patient in this station. If you feel it would be necessary to remove the simulated patient's clothing for a proper assessment, explain what you would be looking for and I will provide the appropriate information.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, should be obtained from the simulated patient just as you would in the out-of-hospital setting. You may assume you have two (2) "partners" working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

[Skill examiner now reads "Entry Information" from approved scenario and begins 15 minute time limit.]

Bag-Valve-Mask Ventilation of an Apneic Adult Patient And Oxygen Administration by Non-rebreather Mask Essays to Skill Examiners

Thank you for serving as a skill examiner at today's examination. Before you read the specific essay for the skill you will be evaluating, please take a few moments to review your general responsibilities as a skill examiner:

- Conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the EMT assistant and/or simulated patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observe and record each candidate's performance.
- Act in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Provide consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Record, total, and document all performances as required on all skill evaluation forms.
- Thoroughly read the specific essay for the assigned skill before the actual evaluation begins.
- Check all equipment, props, and moultage prior to and during the examination.
- Brief any simulated patient and EMT assistant for the assigned skill.
- Ensure professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintain the security of all issued examination material during the examination and ensure that all material is returned to the examination coordinator.

In this skill, the candidate will have five (5) minutes to provide ventilatory assistance to an apneic patient who has a weak carotid pulse and no other associated injuries. The patient is found supine and unresponsive on the floor. **The adult manikin must be placed and left on the floor for these skills.** If any candidate insists on moving the patient to a different location, you should immediately dismiss the candidate and notify the examination coordinator. For the purposes of this evaluation, the cervical spine is intact and cervical precautions are not necessary. This skill was developed to simulate a realistic situation where an apneic patient with a palpable carotid pulse is found. Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately assess the patient's responsiveness and breathing for at least 5 seconds but no more than 10 seconds in accordance with 2010 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care. You should then inform the candidate that the patient is unresponsive and there are no signs of breathing. After requesting additional EMS assistance, the candidate should check for a carotid pulse for at least 5 seconds but no more than 10 seconds. You should then inform the candidate that a weak carotid pulse of 60 is present. The candidate should next open the patient's airway and assess for breathing. Immediately, you should inform the candidate that he/she observes secretions and vomitus in the patient's mouth. The candidate should attach the rigid suction catheter to the suction unit and operate the equipment correctly to

suction the patient's mouth and oropharynx. Either electrical or manual suction units are acceptable and must be working properly in order to assess each candidate's ability to suction a patient properly. If the suctioning attempt is prolonged and excessive, you should check the related "Critical Criteria" and document the exact amount of time the candidate suctioned the patient. After suctioning is complete, you should then inform the candidate that the mouth and oropharynx are clear.

The candidate should then initiate ventilation using a bag-valve-mask device unattached to supplemental oxygen. If a candidate chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished within thirty (30) seconds of beginning his/her performance. The point for this step should be awarded and is explained on the skill evaluation form (denoted by **). Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), it must be accomplished after body substance isolation precautions have been taken and within the initial thirty (30) seconds after taking body substance isolation precautions or the candidate has failed to ventilate an apneic patient immediately. It is acceptable to insert an oropharyngeal airway prior to ventilating the patient with either room air or supplemental oxygen. You must inform the candidate that no gag reflex is present when he/she inserts the oropharyngeal airway.

After the candidate begins ventilation, you must inform the candidate that ventilation is being performed without difficulty. It is acceptable to re-check the pulse at this point while ventilations continue. The candidate should also call for integration of supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. You should now take over BVM ventilation while the candidate gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the psychomotor examination, the oxygen tank used may be empty for this skill. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

After supplemental oxygen has been attached, the candidate must oxygenate the patient by ventilating at a rate of 10 – 12 ventilations/minute with adequate volumes of oxygen-enriched air. Ventilation rates in excess of 12/minute have been shown to be detrimental to patient outcomes. It is important to time the candidate for at least one (1) minute to confirm the proper ventilation rate. It is also required that an oxygen reservoir (or collector) be attached. Should the candidate connect the oxygen without such a reservoir or in such a way as to bypass its function, he/she will have failed to provide a high percentage (at least 85%) of supplemental oxygen. You must mark the related statement under "Critical Criteria" and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. For the purposes of this evaluation form, a proper volume is defined as a ventilation that causes visible chest rise. Be sure to ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?" Be sure to document any incorrect responses and check any related "Critical Criteria" statements. After the candidate ventilates the patient with supplemental oxygen for at least one (1) minute, you should stop the candidate's performance.

Throughout this skill, the candidate should take or verbalize appropriate body substance isolation precautions. At a minimum, examination gloves must be provided as part of the equipment available in the room. Masks, gowns, and eyewear may be added to the equipment for these skills but are not required for evaluation purposes in order to help contain costs of the psychomotor examination. If the candidate does not protect himself/herself with at least gloves before touching the patient or attempts direct mouth-to-mouth ventilation without a barrier, appropriate body substance isolation precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria" and document the candidate's actions as required.

Oxygen Administration by Non-rebreather Mask

This skill is designed to test the candidate's ability to correctly assemble the equipment needed to administer supplemental oxygen in the out-of-hospital setting. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. The candidate will then have five (5) minutes to assemble the oxygen delivery system and deliver an acceptable oxygen flow rate to a patient using a non-rebreather mask.

When the actual timed evaluation begins, the candidate will be instructed to assemble the oxygen delivery system and administer oxygen to the simulated patient using a non-rebreather mask. During this procedure, the candidate must check for tank or regulator leaks as well as assuring a tight mask seal to the patient's face. If any leak is found and not corrected, you should deduct the point, check the related "Critical Criteria" and document the actions. You should do the same if the candidate cannot correctly assemble the regulator to the oxygen tank or operate the regulator and delivery device in a safe and acceptable manner.

Oxygen flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills verification of oxygen administration by non-rebreather mask, oxygen flow rates of at least 10 L/minute are acceptable. Once the oxygen flow rate has been set, you should direct the candidate to stop his/her performance and end the skill.

The equipment needed for this skill is listed below. The oxygen tank must be fully pressurized for this skill (air or oxygen) and the regulator/flow meter must be functional. The simulated patient may be a live person or a manikin. However, the manikin must be anatomically complete and include ears, nose, and mouth.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, etc.) before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)

- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator:
 - One must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask. A second empty oxygen cylinder may be used to test BVM ventilation of an apneic adult patient.
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing
- Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir etc. for an adult)
- Stethoscope
- Tongue blade

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT**

This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, adjuncts, and ventilation with a BVM.

You must actually ventilate the manikin for at least one (1) minute with each adjunct and procedure utilized. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the skill examiner continues reading the following:]

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe and no hemorrhage or other immediate problem is found. You have five (5) minutes to complete this skill.

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the skill examiner continues reading the following:]

A 45-year old male is short of breath. His lips are cyanotic and he is confused. You have five (5) minutes to administer oxygen by non-rebreather mask.

Cardiac Arrest Management/AED Essay to Skill Examiners

Thank you for serving as a skill examiner for today's examination. Before you read the specific essay for the skill you will be evaluating, please take a few moments to review your general responsibilities as a skill examiner:

- Conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the EMT assistant and/or simulated patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observe and record each candidate's performance.
- Act in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Provide consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Record, total, and document all performances as required on all skill evaluation forms.
- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.
- Check all equipment, props, and moultage prior to and during the examination.
- Brief any simulated patient and EMT assistant for the assigned skill.
- Ensure professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintain the security of all issued examination material during the examination and ensure that all material is returned to the examination coordinator.

This station is designed to test the NREMT candidate's ability to effectively manage an unwitnessed out-of-hospital cardiac arrest by integrating scene management skills, CPR skills, and usage of the AED. The candidate arrives on scene to find an apneic and pulseless adult patient who is lying on the floor. The manikin must be placed and left on the floor for this skill. This is an unwitnessed cardiac arrest scenario and no bystander CPR has been initiated. After performing 5 cycles of 1-rescuer adult CPR, the candidate is required to utilize the AED as he/she would at the scene of an actual cardiac arrest. The scenario ends after the first shock is administered and CPR is resumed.

After arriving on the scene, the candidate should assess the patient and determine that the patient is unresponsive. The candidate should then assess the patient for signs of breathing. If it is determined that the patient is apneic or has signs of abnormal breathing, such as gasping or agonal respirations, the candidate should next assess the carotid pulse. This pulse check must take at least five (5) but no more than ten (10) seconds. As soon as pulselessness is verified, the candidate should immediately begin chest compressions. The candidate should request additional EMS assistance after determining that the patient is in cardiac arrest and CPR has been initiated. All actions performed must be in accordance with the current AHA Guidelines for CPR and Emergency Cardiovascular Care. Any candidate who elects to perform any other intervention or assessment causing delay in chest compressions has not properly managed the situation. You should check the related "Critical Criteria" and document the delay.

Each candidate is required to perform 2 minutes of 1-rescuer CPR. Because high-quality CPR has been shown to improve patient outcomes from out-of-hospital cardiac arrest, you should watch closely as the candidate performs CPR to assure adherence to the current recommendations:

- Adequate compression depth and rate
- Allows the chest to recoil completely
- Correct compression-to-ventilation ratio
- Adequate volumes for each breath to cause visible chest rise
- No interruptions of more than 10 seconds at any point

After 5 cycles or 2 minutes of 1-rescuer CPR, the candidate should assess the patient for no more than 10 seconds. As soon as pulselessness is verified, the candidate should direct a second rescuer to resume chest compressions. The candidate then retrieves the AED, powers it on, follows all prompts and attaches it to the manikin. Even though an AED trainer should be used in this skill, safety should still be an important consideration. The candidate should make sure that no one is touching the patient while the AED analyzes the rhythm. The AED should then announce, “Shock advised,” or some other similar command. Each candidate is required to operate the AED correctly so that it delivers one shock for verification purposes. As soon as the shock has been delivered, the candidate should direct a rescuer to immediately resume chest compressions. At that point, the scenario should end and the candidate should be directed to stop. Be sure to follow all appropriate disinfection procedures before permitting the next candidate to use the manikin and complete the skill.

Please realize the Cardiac Arrest Management/AED Skill is device-dependent to a degree. Therefore, give each candidate time for familiarization with the equipment in the room before any evaluation begins. You may need to point out specific operational features of the AED, but you are not permitted to discuss patient treatment protocols or algorithms with any candidate. Candidates are also permitted to bring their own equipment to the psychomotor examination. If a candidate enters your skill carrying their own AED, be sure that the examination coordinator has approved it for use during testing and you are familiar with its appropriate operation before evaluating the candidate with the device. You should also be certain that the device will safely interface with the manikin. The manikin must be placed on the floor in this skill. It is not permissible to move the manikin to a table, bed, etc. This presentation most closely approximates the usual EMS response to out-of-hospital cardiac arrest and will help standardize delivery of the psychomotor examination. If any candidate insists on moving the manikin to a location other than the floor, you should immediately request assistance from the state EMS official or approved agent.

Equipment List

This skill should be located in a quiet, isolated room with a desk or table and two comfortable chairs. The manikin must be placed and left on the floor for this skill. Live shocks must be delivered if possible. If the monitor/defibrillator does not sense appropriate transthoracic resistance and will not deliver a shock, the skill examiner must operate the equipment to simulate actual delivery of a shock as best as possible. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares

- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
CARDIAC ARREST MANAGEMENT/AED**

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and use of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

[After an appropriate time period or when the candidate informs you he/she is familiar with the equipment, the skill examiner continues reading the following:]

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor. There are no bystanders present.

Spinal Immobilization (Supine Patient) and Random EMT Skills Essay to Skill Examiners

Essays and instructions for five (5) EMT skills are included in this essay. EMT candidates must test the skills as follows:

All EMT candidates must test:

- Spinal Immobilization (Supine Patient)

Additionally, all EMT candidates must also test one (1) of the following skills:

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization

Candidates retesting any skill(s) must retest over the specific skill(s) previously failed. Therefore, all equipment for all five (5) EMT skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the examination coordinator immediately for clarification. Do not let the candidate leave the room until the matter is resolved with the examination coordinator or approved agent. The essays that follow are:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

Thank you for serving as a skill examiner for today's examination. Before you read the specific essay(s) for the skill(s) you will be evaluating, please take a few moments to review your general responsibilities as a skill examiner:

- Conduct examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The skill examiner must help ensure that the EMT assistant and/or simulated patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observe and record each candidate's performance.
- Act in a professional, unbiased, non-discriminatory manner, being cautious to avoid any perceived harassment of any candidate.
- Provide consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the NREMT. Skill examiners must limit conversation with candidates to communication of instructions and answering questions. All skill examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Record, total, and document all performances as required on all skill evaluation forms.
- Thoroughly read the specific essay for the assigned skill before actual evaluation begins.
- Check all equipment, props, and moulage prior to and during the examination.
- Brief any simulated patient and EMT assistant for the assigned skill.
- Ensure professional conduct of all personnel involved with the particular skill throughout the examination.

- Maintain the security of all issued examination material during the examination and ensure that all material is returned to the examination coordinator.

Spinal Immobilization (Supine Patient) Essay to Skill Examiners

This skill is designed to evaluate the candidate's ability to immediately protect and immobilize the simulated patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. The simulated patient will present lying on his/her back, arms straight down at his/her side, and feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone or other unusual positions. The presenting position of the simulated patient must be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of a suspected unstable spine. Primary and secondary assessments of airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate fails to check any of these functions in any extremity, a zero must be awarded for this step in the "Points Awarded" column.

There are various long spine immobilization devices utilized in the EMS community. The evaluation form was designed to be generic so it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available for this skill, specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher. The candidate may choose to bring a device with which he/she is familiar. The examination coordinator must approve this device and you must be familiar with its proper use before candidate evaluation begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well he/she immobilizes and protects the simulated patient's spine, not on which immobilization device is used.

The candidate must, with the help of an EMT assistant and the skill examiner, move the simulated patient from the ground onto the long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device (i.e. logroll, straddle slide, etc.). You should not advocate one method over another. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the simulated patient upon direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

This skill requires that an assistant EMT be present during the evaluation. Candidates are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT should be told not to speak, but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted.

At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated patient.

This skill requires the presence of a “live” simulated patient. The simulated patient must be an adult or adolescent who is at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. Small children may not serve as patients in any skill. The simulated patient should be briefed on his/her role in this skill. You may use comments from the simulated patient about spinal movement in the scoring process as long as he/she is certified at the level of EMT or higher.

Equipment List

Do not open this skill for testing until you have one (1) EMT assistant and one (1) simulated patient who is an adult or an adolescent at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape

Spinal Immobilization (Seated Patient) Essay to Skill Examiners

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate will be required to appropriately apply any acceptable half-spine immobilization device on a seated patient and verbalize movement of the simulated patient to a long backboard.

The candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. A “live” simulated patient who is an adult or an adolescent who is at least sixteen (16) years of age is required in this skill. The simulated patient must be of average adult height and weight. Small children may not serve as patients in any skill. The simulated patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The simulated patient will not present slumped forward or with the head held in any grossly abnormal position. The position of the simulated patient must be identical for all candidates.

The primary survey as well as reassessment of the simulated patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate has immobilized the seated patient, simply ask him/her to verbally explain all key steps he/she would complete while moving the simulated patient to the long backboard. The candidate may check motor,

sensory, and circulatory functions at any time during the procedure without a loss of points. However, if he/she fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the "Points Awarded" column for this step. The related "Critical Criteria" statement would also need to be checked and documented as required.

You should have various half-spine immobilization devices collected in the testing room that represent those devices utilized in the local EMS system (KED, XP-1, OSS, half spine board, Kansas board, etc.) or other accepted devices. It is required that at least one (1) rigid wooden or plastic half-spine board and one (1) commercial vest-type immobilization device with all other associated immobilization equipment provided by the manufacturer be available in this room. You are responsible to check that all equipment listed is present and in proper working order (not too frayed or worn, all buckles and straps are present, etc.). The candidate may choose to bring a device with which he/she is familiar and the examination coordinator must approve these devices. You must also be familiar with the proper use of these devices before candidate evaluation occurs. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to "generically" verify a candidate's competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the candidate's technique and a reasonable standard of judgment should guide you when determining whether the device was appropriately secured to the torso before the head was placed in the device. You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or not appropriately fastened to the simulated patient.

A trained EMT assistant will be present in the skill to assist the candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for the actions that he/she directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT assistant would in the field. No unnecessary movement of the simulated patient's head or other "games" will be tolerated or are meant to be a part of this examination. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual, neutral, in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At

no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the simulated patient. The candidate should also verbally describe how he/she would move and secure the simulated patient to the long backboard.

The simulated patient should be briefed on his/her role in this skill and act as a calm patient would if this were a real situation. You may question the simulated patient about spinal movement and overall care in assisting with the evaluation process after the candidate completes his/her performance and exits the room.

Equipment List

Do not open this skill for testing until you have one (1) simulated patient who is an adult or an adolescent at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. One (1) EMT assistant is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Half-spine immobilization device* (wooden or plastic)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

* It is required that the skill include one (1) plain wooden or plastic half board with tape, straps, blankets, and cravats as well as one (1) common vest-type device (complete). Additional styles and brands of devices and equipment may be included as a local option.

Bleeding Control/Shock Management Essay to Skill Examiners

This skill is designed to evaluate the candidate's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill will be scenario-based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life-threatening arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

This skill requires the presence of a "live" simulated patient. The simulated patient must be an adult or an adolescent who is at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. Small children may not serve as patients in any skill. The simulated patient will present with an arterial bleed from a severe laceration of the extremity. Simple moulage may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the simulated patient's condition

changes. It is essential, due to the purpose of this skill that the simulated patient's condition does not deteriorate to a point where CPR would be initiated. This skill is not designed to evaluate CPR skills.

The scenario provided in this essay is an example of an acceptable scenario for this skill. It is not intended to be the only possible scenario for this skill. Variations of the scenario are possible and should be utilized in order to reduce the possibility of candidates knowing the scenario before entering this skill. If the scenario is changed for the examination, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues, the simulated patient must present signs and symptoms of hypoperfusion.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/80, P 118, R 30).

Equipment List

Do not open this skill for testing until you have one (1) EMT assistant and one (1) simulated patient who is an adult or an adolescent at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

Long Bone Immobilization Essay to Skill Examiners

This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary survey. The simulated patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity, specifically a suspected fracture of the radius, ulna, tibia, or fibula. You should alternate injury sites throughout today's examination.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and should not be available for use.

The candidate is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

Equipment List

Do not open this skill for testing until you have one (1) simulated patient who is an adult or an adolescent at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. One (1) EMT assistant is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

Joint Immobilization Essay to Skill Examiners

This skill is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim

and that a suspected shoulder injury is discovered during the secondary survey. The simulated patient will present with the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available in this skill is a sling and swathe. Any other splint, including a long backboard, may not be used to complete this skill. If a candidate asks for a long backboard, simply inform the candidate that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

Equipment List

Do not open this skill for testing until you have one (1) simulated patient who is an adult or an adolescent at least sixteen (16) years of age. The simulated patient must also be of average adult height and weight. One (1) EMT assistant is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Cravats (6) to be used as a sling and swathe

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
SPINAL IMMOBILIZATION (SUPINE PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a supine patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the simulated patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a long spine immobilization device. When moving the simulated patient to the device, you should use the help of the assistant EMT and me. The assistant EMT should control the head and cervical spine of the simulated patient while you and I move the simulated patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
SPINAL IMMOBILIZATION (SEATED PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a sitting patient using a half-spine immobilization device. You arrive on the scene of an auto crash with an EMT assistant. The scene is safe and there is only one (1) patient. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the simulated patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the simulated patient to the long backboard should be described verbally. You have ten (10) minutes to complete this skill. Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
BLEEDING CONTROL/SHOCK MANAGEMENT**

This skill is designed to evaluate your ability to control hemorrhage. This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the simulated patient's condition. You will be required to manage the simulated patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

[Sample Scenario:]

You respond to a stabbing and find a 25 year old (male/female) patient. Upon examination, you find a two (2) inch stab wound to the inside of the right arm at the antecubital fossa. Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. (His/Her) airway is open and (he/she) is breathing adequately. Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
LONG BONE IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize a closed, non- angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR
JOINT IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the (left, right) shoulder is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?

Psychomotor Skills Exam Roster

Exam Site: _____ Exam Date: _____

Examination Coordinator: _____

Name	PT. Assessment Trauma	PT. Assessment Medical	BVM Ventilation	O ₂ Administration by NRM	Cardiac Arrest AED	Supine Spinal Immobilization	Seated Spine Immobilization	Bleeding Control/Shock	Long Bone Immobilization	Joint Immobilization	Epi Auto-injector
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											

Skills Tally Sheet

Identification Number: _____ Examination Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Examination Site, Name of Facility: _____

Location: _____

EMT Skills

	RESULTS OF FULL ATTEMPT		RESULTS OF 1 ST RETEST		RESULTS OF 2 ND FULL ATTEMPT OR RETEST	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
1. Patient Assessment/Management – Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient Assessment/Management – Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. BVM Ventilation of an Apneic Adult Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oxygen Administration by Non-rebreather Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac Arrest Management/AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spinal Immobilization (Supine Patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Random EMT Skills: Test one (1) of the following:						
Spinal Immobilization (Seated Patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Control/Shock Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Bone Immobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Immobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Assisted Epi Auto-injector (Utah sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR OVERALL RESULTS TODAY ARE:

PASS RETEST FAIL	PASS RETEST	PASS FAIL
---	------------------------------	----------------------------

Circle the item that applies Pass. Retest or Fail

Require Remediation Documentation

SIGNATURE OF Examination coordinator: _____

COMMENTS:

CANDIDATE'S STATEMENT

By my signature, I affirm that I was oriented to the psychomotor examination by the course coordinator/examination coordinator. I agree to fully abide by all policies of the Utah Bureau of EMSP and the National Registry of Emergency Medical Technicians. I understand that they reserve the right to delay processing or invalidate my results if I have not complied with all rules. I also understand that my attendance at today's examination does not guarantee my eligibility for certification by the National Registry of EMTs or subsequent state licensure.

I affirm that the psychomotor examination complaint process has been explained to me. I understand that I must contact the examination coordinator immediately if I feel I have been discriminated against or experienced any type of equipment malfunction in any skill. I further understand that my complaints will not be accepted if I do not file my complaints today before leaving this site and before I am informed of my psychomotor examination results. I understand that the examination coordinator, the skill examiner, and/or the National Registry of EMTs will not explain any specific errors in my performance. All examination results are preliminary and unofficial until they have been formally processed and reported by the examination coordinator.

I hereby affirm and declare that all information entered on this form is truthful, correct, and matches my true identity which coincides with my entry on the official roster for this examination. I am assuming all responsibility for completing all appropriate skill(s) based upon the policies and procedures of the Utah Bureau of EMSP and the National Registry of EMTs in conjunction with all of my previously reported official psychomotor examination results. I also understand that making threats toward the examination coordinator, or any examination staff; the use of unprofessional (foul) language; or committing other types of inappropriate behavior may be sufficient cause to invalidate the results of the examination, to terminate participation in an ongoing examination, to withhold or revoke scores or certification, or to take other appropriate action. If my name was not read as part of the official roster for today's examination, I am also assuming all risks and consequences of possibly testing inappropriate skills today.

Signature: _____ Date _____

RECOMMENDED PASS/FAIL CRITERIA FOR EMT PSYCHOMOTOR EXAMINATION

	MINIMUM POINTS REQUIRED
PATIENT ASSESSMENT – TRAUMA.....	33 points
PATIENT ASSESSMENT – MEDICAL.....	33 points
BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT.....	12 points
OXYGEN ADMINISTRATION BY NON-REBREATHING MASK.....	8 points
CARDIAC ARREST MANAGEMENT/AED.....	13 points
SPINAL IMMOBILIZATION (SUPINE PATIENT).....	11 points
RANDOM EMT SKILLS :	
SPINAL IMMOBILIZATION (SEATED PATIENT).....	9 points
BLEEDING CONTROL/SHOCK MANAGEMENT.....	5 points
LONE BONE IMMOBILIZATION.....	8 points
JOINT IMMOBILIZATION.....	7 points

NOTE: Failure must be noted for any skill where minimum points were not realized. In addition, failure must be noted for any skill where the examiner has checked one of the "Critical Criteria" statements and documented the performance as required.